

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

18 July 1998

**Dyfed puts £113k
into pharmacy care**

**PR director's job at
RPSGB goes to Parkin**

**Script threshold creeps
up to 3,040 in Scotland**

**Update:
conditions
affecting
the thyroid**



**Pharmacists as primary
care consultants**

**ABPI and Government
lock horns over PPRS**

**Superdrug in UK's first
civil recovery pilot**

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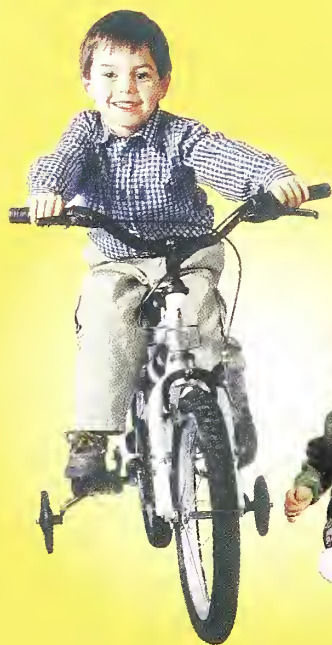
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 **CROOKES
HEALTHCARE**

NUROFEN

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Effective Fever and Pain
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FROM 6 MONTHS

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ORANGE FLAVOUR

With the appointment this week of Beverley Parkin as the director of public affairs at the Royal Pharmaceutical Society, the senior management plot at Lambeth would appear to be all but complete. Among the top six, only Ann Lewis, the new secretary and registrar, is a new face. All other posts have been filled internally. For the record, the postholders are Philip Green (professional development), Sue Sharpe (professional standards), Denis Argent (resources), Charles Fry (publications) and, as detailed above, Ms Parkin. There have been well publicised concerns that pharmacists now fill only a minority of these positions. But most people would argue that if you want a job done, employ an expert, and that is what the Society has attempted to do. It has also sought to reorganise along business-like lines: like it or not, such bodies can no longer afford to be run as cosy repositories of professional excellence, happy that their niche in the fabric of society is secure. They have to push hard for their members' interests, and the more efficient and well-financed they are, the better should be their impact. There is no reason at all why the new team should not make a good showing, provided it is given the proper support from other members of staff, and proper direction by Council. However, therein lies the rub. Some influential figures remain unhappy with the new structure (albeit with some justification). And then there is Council which, despite the bruising events of recent weeks, still has to regain the confidence of pharmacists. What is needed now is evidence of leadership, both publicly and professionally. Let's not forget that the objective of the whole exercise is to 'foster and promote the practice of pharmacy which is in the public interest and, to that end, lead, develop and regulate the profession'. Amen to that!

CHEMIST & DRUGGIST

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VOLUME 249 No 6146 138th YEAR OF PUBLICATION ISSN 0009-3033

Dyfed Powys backs primary care projects 4
 Pharmacists to receive over \$113,000 to develop primary care

Pharmacy numbers in England and Wales stable 4
 Little change in numbers of pharmacies in contract with HAs

Professional allowance threshold creeps up to 3,040 in Scotland 5
 Scottish Office insists threshold raised to reflect increased throughput of prescriptions



Parkin to fill public affairs role at RPSGB 5
 Appointment completes management line up

Update: thyroid disorders i-viii
 Plus the ethical dilemma of faxed prescriptions and alternative head lice treatments

Building the future links 18
 How to set up a primary care consultancy firm

Necessary or desirable – the heavenly twins 22
 Latest legal definitions of contract catchwords



Society continues to press for pharmacist presence on PCGs 23
 Ministers urged that pharmacists should be included on boards

ABPI and Government begin talks on PPRS 24
 Last negotiated in 1993, PPRS is due for renewal in October

Superdrug targets shop thieves in civil recovery pilot 25
 A new anti-theft system makes thieves pay for damages

REGULARS

Industry Viewpoint	7	Business News	24
Topical Reflections	7	Appointments	25
Counterpoints	8	Classified Advertisements	26
Prescription Specialities	16	Business Link	27
Questions & Answers	20	About People	30

Dyfed Powys backs primary care projects

Pharmacists in Dyfed Powys are to receive over £113,000 in a series of primary care development projects.

The projects, put forward by the health authority, range from support to GPs to educating the public on minor ailments. They are among 43 projects, costing £1,603 million in total, approved by the Welsh Office to develop primary care in Wales.

Locum pharmacist Diane Harries is hoping to run evening classes educating the public on how to treat minor illnesses using OTC medicines and advice from a pharmacist. Although her £1,700 scheme is still in the early planning stages, she hopes to hold ten weekly two-hour ses-

sions at an adult education college in Cardigan, starting early next year if possible. She has yet to discuss with local doctors the most suitable topics and intends to publicise the course by advertising in local papers and distributing leaflets through health visitors and surgeries. The aim is to reduce the number of unnecessary visits to GPs.

In another pilot, GPs and pharmacists will work together to devise referral protocols in which the doctors would refer patients with minor illnesses directly to a pharmacy (£9,500).

Other pharmacy schemes are:

- using community pharmacists more effectively to support GPs and improve patient care

(£30,160). Nine pharmacists are being trained by the HA pharmaceutical adviser to give cost-effective prescribing advice to nine GP practices. The training sessions will focus on the main therapeutic sections in the BNF and on repeat prescribing. The pharmacists will receive an attendance allowance while training and will be paid about £210 for seven hours work

- medicines management in nursing homes by pharmacists. The aim is to improve systems to ensure that residents' treatments are monitored and regularly reviewed (£15,552)

- trust pharmacists providing prescribing support in general practice. The aim is for hospital

pharmacists to give prescribing advice as well as facilitating seamless care (£14,750)

- pharmacist supervision of methadone consumption to prevent illicit 'leakage' on to the streets (£29,200); 21 pharmacists will be involved

- using pharmacists in local drug information centres to provide better information to GPs (£3,300). At present these services are directed mostly towards hospitals

- multidisciplinary review of computer-generated repeat prescriptions. Two pharmacies and a GP practice in St Clears will work together on a pilot scheme which is still in the early stages (£9,500).

Pharmacy numbers in England and Wales stable

The number of pharmacies in contract with health authorities in England and Wales remained remarkably steady over the period 31 March 1997 to 31 March 1998, according to the Department of Health.

The latest statistical bulletin shows that over the six months to 31 March 1998, the number of pharmacies changed by no more

than three in any health authority. There were increases of three pharmacies in Avon, North Essex and Oxfordshire; the maximum decrease in any HA was two. Total numbers were 10,491 (March 1998), 10,486 (Sept 1997) and 10,489 (March 1997).

In the six months to March 98, there were 30 openings and 26 closures. Half of the closures

were within 500m of another pharmacy; 87 per cent of the openings were at least 500m from the nearest pharmacy and 67 per cent were at least 1 km away.

In March 1998, there were 284 pharmacies receiving payment under the essential small pharmacies scheme, compared with 297 in March 1996.

The number of applications for pharmacy contracts in the six months to March 1998 was 1,172, more than half as many again as in any of the four preceding periods. The increase is put down to the change in ownership of Lloyds pharmacies.

'Community pharmacies in England and Wales' *Statistical Bulletin* 1998/23. DoH. July 1998.

Mixed messages on methadone in Cumbria

Pharmacies in North Cumbria are being funded to the tune of \$45,000 this year to supervise methadone dosing.

The first 12 pharmacies embarked on the scheme this month after training. They receive £0.80 per supervised dose.

North Cumbria LPC chairman Jeremy Aspdon said: "We are delighted, as it's been a long struggle to get the scheme off the ground. We hope to roll it out to other pharmacies where there is a perceived need and we will probably end up with between 20 and 25 of our 70 contractors providing the service."

Funding has been promised for three years and he hopes it will become permanent. "It's the first 'new money' we've received and it's not a pilot," he added. "We believe it offers genuine harm reduction, with measurable outcomes. We've had wonderful co-operation from the health authority, the local drugs co-ordinator and GPs, and the scheme has been welcomed by the police."

Meanwhile, pharmacists in the Morecambe Bay area are having difficulty obtaining payment for their methadone service. A voluntary pilot in South Cumbria,

was begun a year ago and ended in March. At the same time, there had been a successful service in Lancaster.

Morecambe LPC secretary Brian Threlfall said that there had been an agreement with the Morecambe Bay Health Authority that, provided a satisfactory audit took place, some payment would be made to the South Cumbria pharmacies. Contractors had agreed to participate in the scheme on the understanding that it would be withdrawn if no payments were forthcoming.

Since then, according to Mr Threlfall, the supply of methadone by community pharmacies in Lancaster and Morecambe was suddenly stopped as the Lancaster drug and alcohol unit "unilaterally decided to change the system" and supply the addicts from hospital.

Health Authority spokesman Allan Muirhead said he understood the South Cumbria service was being provided voluntarily this year with no money. The picture was complicated in April when three hospital trusts merged, as did two community trusts. He said the aim was to achieve a standardised approach.

Infant nutrition

With this issue you will find the first of a two part Pharmacy Accreditation Programme from Cow & Gate/Milupa and C&D dealing with infant nutrition. The second module, for pharmacy assistants, will appear in next week's *Over the Counter*.

By completing both modules of the programme, you will be in a position to ensure that your pharmacy can provide sound advice on infant nutrition. For full details of the programme and how to enrol, turn to p17 in this week's **Pharmacy Update**.

Pharmacy to change?

It is likely that the London restaurant, 'Pharmacy', will change its name following objections by the Royal Pharmaceutical Society.

The Society told the restaurant's owners last week that it intended to prosecute for unauthorised use of the title Pharmacy, which is a criminal offence under the Medicines Act 1968.

Sue Sharpe, the Society's director of legal services, understands that 'Pharmacy Bar and Restaurant' is an alternative name being considered, which would be acceptable in law.

NHS gets £20bn but pressure still on pay

Health spending will be increased by \$20 billion over the next three years, Chancellor Gordon Brown announced on Tuesday, although there has been controversy over the precise sum allocated. However, there will be a continued squeeze on pay by the Treasury.

Mr Brown is ordering the pay review bodies to keep their recommendations in line with the inflation target of 2.5 per cent and the lower figure of 2.25 per cent for growth in public spending.

This means pharmacy negotiators are likely to have a hard time squeezing more cash out of the Department of Health, although one of the changes made by the Treasury means the health secretary now has more responsibility for pay increases within the NHS.

- Health minister Alan Milburn is strongly tipped to be promoted in the Cabinet reshuffle to the post of Chief Secretary to the Treasury. It is unclear who may replace him. Possible candidates are small firms minister Barbara Roche, local government minister Hilary Armstrong, and Helen Liddell from the Treasury.

Scottish Office raises threshold for payment of professional allowance to contractors

The threshold for payment of the professional allowance has been increased for contractors in Scotland.

The Scottish Office has insisted that the threshold be increased to reflect the increased throughput of prescriptions, estimated to be up by 3.5 per cent for 1998-99. The lower threshold of 1,100 items per month has been increased to

1,136 and the upper threshold from 2,948 to 3,040 items per month.

The changes came into effect from July 1, when the dispensing fee increased 2p to \$0.91. Contractors will also receive an extra 1p per item for April, May and June, when the dispensing fee was \$0.90.

The Scottish Pharmaceutical General Council has worked out

that the increases in combined fee and professional allowance income in 1998-99 will range from 3.27 per cent for pharmacies dispensing 1,552 items a month to 4.5 per cent for those dispensing 6,210.

In its negotiations, the SPGC insisted that essential small pharmacies should show a 3 per cent increase in income compared with last year, so has

agreed the following changes with the Scottish Office. Full-time ESPs dispensing up to 1,650 items per month will receive a monthly allowance of \$1,118. Above 1,650 they are treated as pharmacies not in the scheme.

Part-time essential pharmacies dispensing under 1,240 items will be paid an allowance of \$575 plus \$543 pro-rata. Above 1,240 they will be treated as full-time ESPs.

Buckle selected by Tories for Europe

Pharmacist Sharon Buckle, currently special projects manager at Boots the Chemists' corporate affairs department, has been selected by East Midlands Conservatives as one of six prospective candidates for the European Parliament.

The elections, the first to be held by proportional representation in this country, will take place in June next year.

The number of candidates elected will depend on the number of votes. Since Mrs Buckle is fifth in order of preference her election chances are slim.

She has no previous political affiliation or experience, but says that she has felt for a long time that pharmacy has been under-represented in the political arena. Through her job she has also been made very aware of the impact of European legislation on UK working practices.

Parkin to take charge of public affairs department at RPSGB

Beverly Parkin (right) has been appointed director of public affairs at the Royal Pharmaceutical Society. She will head one of the five departments created as part of the re-organisation of the administration at the Society's Lambeth headquarters.

The public affairs post is the last directorate to be filled, and Ms Parkin's appointment ends weeks of speculation. The position could have gone to a pharmacist had a lay secretary been appointed last month to succeed John Ferguson.

Ms Parkin has held the position of head of public relations at the Society since 1990, where she has been responsible for manag-



ing the Society's communications programme. She will continue in her current post until a successor has been found.

"I am very much looking forward to helping the society

become a more effective advocate for the unique contribution that pharmacists make to health care," said Ms Parkin.

"A priority will be to address the information and support needs of the Society's members because it is pharmacists themselves, through their work and their networks, who are key to the success of the profession's communications programme."

Ms Parkin is a graduate of Newnham College, Cambridge with an MA in modern and medieval languages, and has a diploma in journalism from the London College of printing. She is a member of the Institute of Public Relations.

No Viagra on FP10

Viagra, the pill for male impotence which will soon be licensed in the UK, will not be available on NHS prescription by GPs, health minister Alan Milburn made clear this week.

Patients will have to seek referral to a consultant to obtain the drug. Mr Milburn has been under pressure to reassure GPs that the cost of the drug would not fall on their budgets.

Superdrug launches osteoporosis test

The UK's first over the counter osteoporosis risk assessment test has been launched through Superdrug's 140 pharmacy stores.

Customers provide a small early morning urine sample which is sent in a pre-paid envelope to an independent laboratory.

The sample is then tested for deoxyypyridinoline (DPD), a

product of bone breakdown. The higher the levels of DPD, the higher the risk of osteoporosis.

Results are posted within five working days back to the pharmacist who can then counsel the patient accordingly.

Tests are supplied to Superdrug by the Pathology Management Company and cost \$19.99 each.

Counterpain

Eagle-eyed readers will have spotted that the analgesic brands featured in the planogram in last week's Counterpain module from Whitehall Laboratories had adopted new colours in their packaging. Our printers have been kind enough to provide a corrected version in this week's issue.

PSNC still hopeful for a 'positive outcome'

The Pharmaceutical Services Negotiating Committee is hoping to receive a final pay offer from the Department of Health "shortly", but the letter from the NHSE had still not arrived by the time *C&D* went to press this week.

However, PSNC representatives did meet DoH officials this week to discuss its medicines management proposals and the proposed 'round table' discussions this autumn (*C&D* July 4, p4). Chairman Wally Dove said on Monday he was "hopeful of a positive outcome".

The final out-turns on the 1997-

98 local budgets were presented to PSNC's July meeting. Yet again there have been overspends, with 17 health authorities in England overspent by more than 10 per cent.

As the money is taken from the global sum, PSNC will be writing to LPCs to encourage local negotiators to operate within their budgets. Some overspends, however, are the result of incorrect budgets, poor information and control, and inflexible budgeting – again showing why PSNC is unhappy with local budgets and would prefer rates to be set nationally.

In brief

Manpower issues PSNC is asking contractors for information on any manpower problems they may be experiencing. The Royal Pharmaceutical Society has invited comments on a draft report on the present and future demand for pharmacists. Contractors should write asap to Mike King, head of professional development.

FP10 design The NHSE has agreed that there should be a box on the redesigned form FP10 for doctors to write in the patient's age and date of birth. The form is being redesigned again to clamp down on fraud.

Primary care groups PSNC is disappointed that the health minister, Alan Milburn, did not specify LPC representatives as members of governing bodies of PCGs in recent guidance. However, the governing bodies have the power of co-option, which PSNC says should be seen as a gateway to allow LPCs to press for membership.

Autumn courses for LPCs will include training on basic negotiation skills, advanced negotiation skills and presentation skills. Further seminars on the White Paper and dealing with primary care groups are in the pipeline.

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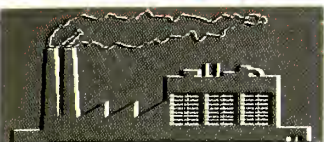
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Presentations: Cream or Lotion containing Crotamiton BP 10% w/w. **Indications:** Relief of itching and skin irritation due to e.g. sunburn, dry eczema, itchy dermatitis, allergic rashes, hives, nettle rash, chickenpox, insect bites & stings, heat rashes and personal itching. Also used as an acaricide. **Dosage and Administration:** Pruritus: Adults, the elderly and children: Apply to affected skin 2-3 times

daily for relief from irritation for 6-10 hours after each application. As an acaricide: Contact Novartis Consumer Health. **Contra-Indications:** Acute exudative dermatoses. Hypersensitivity to ingredients. Avoid use in or around the eyes. **Precautions:** For external use only. Do not use on broken skin. Medical advice should be obtained before use on children under three years. Not recommended during pregnancy, especially in the first

three months. Nursing mothers should avoid use in the nipples area. **Side Effects:** Occasional skin irritation or contact allergy. **Legal Category:** GSL. **Retail Price:** Cream: 30g - £3.25, 100g - £5.55; Lotion: 100ml - £4.19. **Product Licence Nos:** Cream: PL 0030/0092, Lotion: PL 0030/0095. **Product Licence Holder:** Novartis Consumer Health, Horsham, RH12 4AB. **Date of Preparation:** April, 98.

INDUSTRY VIEWPOINT



Industry suspicious of double standards

Does the industry consider that some owners of retail pharmacies sometimes apply double standards? Perhaps. There are a number of areas where this question could be asked. Consider two.

Retail pharmacists wish to be trusted by the industry to provide services both for the industry and for the patient. An example is a brand equalisation deal to ensure the patient gets a branded drug. The pharmacist is enabled to supply the patient with the brand, and manufacturers get the benefit of their brand being dispensed.

A large proportion of product in the grey market exists through abuse of such deals, either from over-purchasing of the brand at discount and then selling-on, or worse still, the buying of the brand and continued dispensing of the generic.

Pharmacy owners bemoan attempts by the government to claw back discounts that have been achieved over and above



Looking to the next 50 years

I admit that I am unable to remember the foundation of the National Health Service, but, after reading the many fascinating articles describing pharmacy's involvement in that momentous experiment, I have concluded that community practice has been most changed by two early events. The first was free prescriptions and the second the 'NP' convention for disclosure of drug name on the label.

Free prescriptions resulted in a rise in dispensing, the isolation of the pharmacist to the dispensary and a decline in counter sales. However, the change to drug disclosure on the label was the catalyst for the change from a technical profession to that of one where clinical skills became essential. Once patients were able to identify the drugs they were taking, the mystique was gone and the questions inevitably followed!

Now the wheel is coming full circle because the 'free' NHS is rapidly being replaced by an NHS where financial responsibility is shared. Hiding in the dispensary is no longer a viable option. Pharmacists must now establish their future as clinical practitioners, providing advice to either the NHS or to their own private customers.

In 50 short years pharmacy has been transformed from an

Topical Reflections

art through to a science and finally to a clinical speciality. But the NHS will not be the sole arbiter of future development. Shared responsibility will lead to the blurring of lines of demarcation between private and NHS practice.

In future, community pharmacists will treat as equally important the delivery of pharmaceutical care to their front shop customers as they will the provision of pharmaceutical services to the NHS.

It's all about accountability

Hydroxycobalamin is one of the few injections I still use regularly, and then in lots of five or ten at a time, so I was surprised recently to receive a prescription for a single ampoule for a regular patient, when I had no record of this patient ever having used that injection before. An investigative phone call to the surgery was called for.

Much later in the day, I received an apologetic phone call from the practice manager. The script had been given out by a new receptionist who was unaware of the system for personally administered injections. The practice nurse gave the old lady her regular B12 injections and then issued a single ampoule prescription against surgery stock.

Now I know this is common practice, and is a good little earner for the doctor, but the NHS could be paying through the nose unnecessarily. I know I do not lose financially because the global sum automatically adjusts for the reduction in pharmacy dispensed prescriptions, but, at the same time, doctors are claiming

their extra fees. To me the result is an occasional reminder of professional propriety, but for the NHS the result may be a wasteful use of scarce resources.

A proper use of existing resources

I was interested in Roger Humbles' experiences at running a minor illness clinic in a GP surgery (C&D July 11, p7). However, I am not surprised at his success. I am surprised that he has managed to persuade a group of doctors to allow him to practise – from inside their surgery – what most community pharmacists are practising every day of the week from their own pharmacies.

I am not criticising Roger for his initiative. I am sure the exercise has been an excellent way to improve inter-professional relationships, but it has cost the East Surrey Health Authority a lot of money. A similar sum invested in educating the public to consult directly with their community pharmacist might have proved more cost-effective.

Roger Humbles referred 25 per cent of those patients he saw to the local community pharmacist. Twenty-five per cent required only advice and the remainder were referred on to the doctor. An impressive record which allowed the doctor to concentrate on patients in genuine need. But I would have preferred that rather than visit the surgery, they had automatically first sought that advice from their local community pharmacist.

Pharmacy owners continue to defy logic and set their standards on short-term goals

those anticipated. Yet those very same owners put a significant effort into negotiating with suppliers to try and enhance their discounts in the belief that they can beat the system.

They owners continue to defy business logic and set their sights on short-term goals rather than sound long-term strategies.

Both government and industry will continue to be sceptical and distrust the discretion of a group which claims to have the appropriate ethics to be considered as a valuable part of the nation's health care team, but which all too often behaves as badly as some critics suggest.

Until retail pharmacy regulates its own activities, and especially the excesses of its worst exponents, there will always be suspicion that double standards are denying pharmacy its rightful place in the health care team.

Written by us senior industry manager.

COUNTERpoints

Nelsons klikpak device takes medicine into the millennium



Nelsons is launching a new look for its homeopathic medicines.

The klikpak is a new device to allow users to dispense individual pills into a dosing cup. This avoids hand contact and means the potency of the medicine is retained. The pills, which have been reformulated to be smaller and easier to take, are contained in an inert glass vial in the klikpak, again helping to retain potency.

Distributed from September 1, the klikpak will replace the Nelsons

Classic homeopathic containers.

A specially designed merchandising unit contains the fastest selling lines, carrying the top 30 remedies from the 6C potency range (coded with blue) and the top ten of the 30C potency range (coded with red).

The merchandiser has an information centre to help customers match their symptoms to the appropriate remedy. Leaflets reflect the new look, and information can also be provided on aromatherapy and Bach Flower remedies.

The Nelsons klikpak range will be available through pharmacies, Boots, Lloyds, health food stores and independent retailers.

Nelsons will be offering free regional training seminars for staff in the autumn. For further information, contact the Nelsons territory business managers or call the Nelsons klikpak hotline on 0800 289515.

● Nelsons estimates the homeopathic market will be worth over \$25m by the millennium.
A Nelson & Co Ltd.
Tel: 0181 780 4200.

Analgesic impact from Mentholatum

New point of sale material from Mentholatum highlights the company's three topical analgesic ranges – Deep Freeze, Deep Heat and Deep Relief Ibuprofen Gel.

Display cards and shelf edgers are designed to emphasise the product logos and improve product impact and recognition, while a new consumer leaflet is entitled 'Everything you

need to know about treating pain in the muscles and joints – without taking pills'.

The leaflets explain what topical treatments are and how they work, showing the differences between hot and cold treatments and ibuprofen products, and how the Mentholatum products fit into each category.

Jenks Group.
Tel: 01494 442446.



New look for Germoloids pack

Germoloids, the anti-haemorrhoids range with local anaesthetic, has been relaunched with new packaging.

Smithkline Beecham says research revealed a need for less intimidating packaging and a more upbeat image. The new pack features a 'G' icon and emphasises the local anaesthetic content.

Each product in the range – cream, ointment, suppositories and toilet tissues – is colour-coded against a purple background.

Support for the range targets



Combination comb kit targets nits

With many health authorities and schools recommending wet combing and many parents worried about using insecticides, there has been renewed interest in 'nit' combs.

McEwans Chemists Sundries (MCS) has produced a range of products for wet combing under the brand name Xterminitt.

The range consists of: Detector Comb (\$1.99) to detect the presence of lice; a metal comb (\$2.99) to remove the lice and their eggs; Detangle Comb (\$1.29) to prepare hair for the fine-toothed combing; Hair Conditioner (\$1.29) to facilitate easy combing and removal of the lice; and an Xterminitt

Kit (\$4.99) containing detangle comb, nit comb, conditioner and full step by step instructions.

The combs and kit are card mounted and can be displayed on a free compact counter stand.

MCS. Tel: 01942 525852.



Centrum campaign back on the air

Centrum Select 50+, Whitehall's multivitamin supplement aimed at the older age group, is back on air with a four week national advertising campaign on Channel 4.

The campaign runs until mid-August and is

targeted at the growing number of healthy-living, active 50 plus men and women who do not consider themselves old.

The advertising is part of a £1.5m programme. **Whitehall Laboratories.**
Tel: 01628 669011.

Rash of activity for Canesten

Bayer is spending \$500,000 on a national advertising campaign for Canesten hydrocortisone, aimed at sufferers of candidal sweat rash.

Colour advertisements are being placed in national titles such as *News of the World*, *Express on Sunday* and *You* magazine next month, and in women's consumer magazines until the end of August. The campaign is timed to coincide with the peak of the sweat rash season.

Canesten Hydrocortisone (\$4.49, 15g) contains 1 per cent clotrimazole and 1 per cent hydrocortisone.
Ceuta Healthcare.
Tel: 01202 314824.



Clears

thrush.



Clears

shelves.

When Diflucan One last appeared on TV, sales increased by 54%⁽¹⁾ - leaving many shops completely out of stock.

The convenience of an oral treatment and the fact that it's as fast as it is effective appeals enormously to women.

So, as part of a £2.2 million advertising campaign, Diflucan One is back on TV. We expect the response to be the same and so should you - check your stocks.

Could the message be any clearer?

⁽¹⁾ IRI Infoscant MAT £ sales 22.2.98

Abbreviated product information for Diflucan One (fluconazole). **Presentation:** Capsule containing 150mg fluconazole. **Indication and dosage:** Vaginal candidiasis. Adults (16-60 years): single oral 150mg dose. **Contra-indications:** Hypersensitivity to fluconazole or related azoles, pregnancy and women of childbearing potential unless adequate contraception is employed; coadministration of terfenadine and cisapride. **Warnings:** Lactation: Not recommended. **Drug interactions:** Relevance to single-dose has not yet been established. Anticoagulants, astemizole, cisapride, cyclosporin, diuretics, oral sulphonylureas, phenytoin, rifampicin, terfenadine, theophylline and zidovudine. **Side-effects:** Nausea, abdominal discomfort, diarrhoea, flatulence and rarely anaphylaxis. **Legal category:** **Package Quantity and Cost Price:** 150mg capsule, pack of 1, £7.12 (PL 1906/0017). **Product Licence Holder:** Pfizer Consumer Healthcare, Wilsons Road, Alton GU34 2TJ. Date of preparation: June 1998.

Pfizer Consumer Healthcare

Essential oils make up Essence of Radox

Radox has launched a new range of 100 per cent pure essential oils called Essence of Radox.

The range consists of seven essential oils and one base oil. Each oil has been chosen for its reputed distinctive set of physical and mood enhancing benefits.

The individual oils are lavender, tea tree,

rosemary, eucalyptus, peppermint, orange, and ylang ylang. The base oil is 100 per cent natural sweet almond; it comes with a measuring cup. Each individual variant is priced at £2.99.

A display unit holding six of the essential oil variants and five base oils is available. Each oil is supplied in outers of six. There are no plans



at present to promote the range to consumers. **Sara Lee UK Ltd.** Tel: 01753 523971.

Soothing support for the summer cold sore season



Bayer is promoting Soothelip through the summer cold sore season with a \$333,000 support campaign aimed at consumers and pharmacists.

The consumer campaign kicks off on July 20 with tube cards and pharmacy-based advertising on Pharmasite. An adshel campaign gets underway

the following week. Both run through to September.

The campaign is designed to educate sufferers about the need to treat early with Soothelip if they want to prevent a cold sore from developing.

PoS material will be available to pharmacies. Bayer is also extending support to GP surgeries, where leaflets will inform sufferers about Soothelip and direct them towards the pharmacy to purchase. **Ceuta Healthcare Ltd.** Tel: 01202 314824.

More Farley's milk for their mother's money

Heinz is promoting its Farley's Follow On Milk with a consumer offer of 10 per cent extra free.

The promotion, which runs while stocks last,

means consumers will get 990g for the price of 900g.

Farley's Follow On Milk (rsp £6.29) is for babies from six months to two

years and is fortified with iron, vitamins and minerals to meet the baby's needs.

Heinz Co Ltd. Tel: 0181 848 2256.

Diffucan One in TV advertising campaign

Television advertising throughout August aims to boost sales of Diffucan One, the one-dose oral treatment for vaginal thrush.

Part of a £2.2m advertising campaign, the commercial features a young woman meeting a friend in a restaurant and taking a Diffucan One capsule at the table. It will be shown during dramas and sit-coms and will be seen three times by two-thirds of the brand's target market nationwide, says Pfizer.

Marketing manager Kathi Kuhne says the advertisement creates

instant awareness for the brand, and predicts sales increases of up to 63 per cent.

Diffucan One (rsp £12.50) starts working after two hours, usually

relieving symptoms within 24 hours and giving complete relief in two days.

Pfizer Consumer Healthcare. Tel: 01420 84801.



Brush for blow drying from Denman

Denman has launched two Thermo Hot Curl brushes, which, the company says, help speed up blow drying and give a longer-lasting finish.

The brushes feature flexible nylon bristles set in a vented aluminium barrel which conducts heat so that the hair dries faster. The brushes

feature a chunky handle design for comfortable hold. They are available through Unichem

The brush comes in two sizes. The D75, priced \$8.50, has a 38mm barrel for medium length hair, and the D76 (\$8.95), for longer hair, has a 43mm barrel.

Denroy International Ltd. Tel: 01247 462141.

Ice and opulence from Maybelline

Maybelline New York is launching two new ranges for autumn, with a choice of opulent and extravagant or icy and contemporary shades.

The Ice Princess range has a palette of blues, greys, violets and silvers and includes eye shadow, nail and lip colours, mascara and eye liner, with retail prices from

£2.99 to £4.49. The range will be in Superdrug from next month and in Boots and independents later.

The Gypsy Chic range, featuring dark and decadent shades for eyes and lips, is exclusive to Boots and Superdrug, where it will be launched in October.

Laboratoires Garnier. Tel: 0171 937 5454.

Macleans goes alcohol-free

Growing demand for alcohol-free mouthwashes has prompted Smithkline Beecham to launch Macleans Mouth Guard Alcohol Free. The company says the red-coloured mouthwash, in Smoothmint flavour, is gentle but effective, killing germs and fighting plaque while freshening breath. It contains fluoride to help strengthen teeth.

Macleans Mouth Guard Alcohol Free, in 500ml bottles, has an rsp of \$3.35 and is being supported with a targeted sampling campaign and

professional press and dental detailing.

Smithkline Beecham Consumer Healthcare UK. Tel: 0181 560 5151.



ON TV NEXT WEEK

Centrum Select 50+: C4

Colgate Total: All areas

Imodium Plus: All areas

Kodak Gold Ultra film: All areas

Kodak Photo Service Plus: All areas

Listerine antiseptic mouthwash: GTV, STV, G, A, M, ITV

Poli-Grip: All areas except B, CTV, W, C4, GMTV, TSW

Slim Fast: All areas

Wella Shock Waves: Sat

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TSW TV South West, TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire

Everyone knows that the way to the heart...

...is through the stomach.

Nu-Seals Cardio75 (ASPIRIN)

Enteric coated to reduce stomach irritation



If you require any further information on Nu-Seals Cardio75 or any other products please contact:

Ethical Generics Ltd.,
West Point,
46-48 West Street,
Newbury,
Berkshire RG14 1BD

Telephone: 01635 568400
Fax: 01635 568401

Ethical Generics are proud to announce the arrival of Nu-Seals Cardio75, the 75 mg enteric coated aspirin, the first in a rapidly growing portfolio of 'P' products that we intend to launch. Enteric coated aspirin has been coated with the specific intention of reducing the irritation caused by the use of aspirin on the stomach whilst maintaining the associated benefits.

Reduced stomach irritation for your patients...

...Increased profits for your pharmacy.



'NU-SEALS CARDIO75' ASPIRIN - PRESCRIBING: ABBREVIATED INFORMATION

Presentation: Enteric sealed tablets of aspirin, 75mg. **Uses:** Aspirin has a anti-thrombotic action, which is useful in secondary prophylaxis following myocardial infarction and in patients with unstable angina or cerebral transient ischaemic attacks. Nu-Seals Cardio75 Aspirin is indicated for prolonged dosage of aspirin, but is unsuitable for the short-term relief of pain. **Dosage and Administration:** For oral administration to adults only. Anti-thrombotic action: 150mg at diagnosis and 75mg daily thereafter. The elderly: Anti-thrombotic action: The risk-benefit ratio has not been fully established. **Contra-indications:** Hypersensitivity to aspirin Hypoprothrombinaemia, haemophilia and active peptic ulceration. **Warnings:** Aspirin should not be given to children, particularly those under 12 years, unless the expected benefits outweigh the possible risks. Aspirin may be a contributory factor in the causation of Reye's syndrome in some children. Salicylates should be used with caution in patients with a history of peptic ulceration or coagulation abnormalities.

They may also induce gastro-intestinal haemorrhage, occasionally major. Aspirin should be used with caution in patients with impaired renal function, hepatic function (avoid if severe), or in patients with dehydration. In large doses, salicylates may also decrease insulin requirements. Usage in pregnancy: Caution should be exercised when prescribing for pregnant patients. High blood salicylate levels may prolong pregnancy and labour, increase maternal bleeding, decrease birth weight and increase rate of stillbirth. Aspirin should be avoided during the last 3 months of pregnancy. Usage in nursing mothers: As aspirin is excreted in breast milk, Nu-Seals should not be taken by patients who are breast-feeding. **Precautions:** Salicylates may enhance the effect of anticoagulants, oral hypoglycaemic agents, phenytoin and sodium valproate. They inhibit the uricosuric effect of probenecid and increase toxicity of sulphonamides. They may also precipitate bronchospasm or induce attacks of asthma in susceptible subjects. Patients with hypertension should be carefully monitored.

Antacids should not be ingested simultaneously. **Side-effects:** Salicylates may induce hypersensitivity, asthma, urate kidney stones, chronic gastro-intestinal blood loss, tinnitus, nausea and vomiting. The special coating of Nu-Seals Cardio75 Aspirin helps to reduce the incidence of side-effects resulting from gastric irritation. **Legal Category: P** **Package Quantities:** Blister pack of 28 **Basic NHS Cost: £2.99** **Product Licence Number:** 0006/0293 **PL Holder:** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 315000. **Full Prescribing Information is available from:** Ethical Generics Ltd., West Point, 46-48 West Street, Newbury, Berkshire RG14 1BD. Telephone: Newbury (01635) 568400 **Date of Preparation or Last Review:** March 1994 (internal review June 1998).

'NU-SEALS CARDIO75' is an Eli Lilly and Company Limited trademark.

Roll on bigger sales, says Lynx

Easier application for the consumer and faster sales for the pharmacist are promised with Elida Fabergé's launch of a Big Ball version of its Lynx roll-on deodorant, in the three most popular variants – Apollo, Inca and Africa.

The Big Ball (rsp \$1.99) is 50 per cent bigger than traditional small ball roll-

ons and, says Elida Fabergé, it fits better

under the arm, is more comfortable to use and delivers better coverage. The new packs also offer better hand grip. For retailers the Big Ball means faster sales, with a 30 per cent quicker consumer use-up rate than small ball products.

Elida Fabergé.
Tel: 0181 481 6000.



OLD DESIGN

NEW DESIGN
Better Shelf Stand Out

New cover story from Christy

Keromask camouflage cream from Christy has added an Ultra-Light shade for people with very fair complexions.

Keromask provides ten times the coverage of conventional foundations and shades can be mixed to suit any skin colour.

It can be used to cover pigmentation problems such as vitiligo, port wine stains, discoloured and broken veins, scars, age spots and tattoos, and to

disguise evidence of plastic surgery.

Hypo-allergenic, fragrance-free and not tested on animals, Keromask is waterproof and long-lasting, but is easily removed with cleansing cream.

Keromask Ultra-Light (rsp \$8.95) comes in a 15ml tube and is available OTC or on prescription.

Network Health and Beauty.
Tel: 01252 533333.

Hurry for Rocky Horror nail colours

Spectacular Cosmetics has been inspired by the Rocky Horror Show for six limited edition nail colours.

Columbia (red glitter), Janet Schmanet (silver), Frank-n-Furter (purple),

Riff Raff (green), Magenta (multicoloured glitter) and Rocky (gold) (all rsp \$1.95) are available from the end of July for a month.

Spectacular Cosmetics.
Tel: 0181 385 4400.

Colgate's monster draw promotion

Colgate celebrates the UK launch of the film Godzilla with a prize draw promotion linked to the Ultra Cavity Protection and Triple Cool Stripe Gel family toothpastes.

The promotion runs until early next month and features full colour pages in children's and family titles such as *The Beano*, *Live & Kicking* and *Take a Break*. One proof of purchase of either product is required for a chance to win the top prize of a family holiday to French Polynesia – or one of 600 Godzilla action toys. In-store activity will

support the competition.

The Godzilla draw is part of Colgate's £19m promotional campaign for the year, which includes a £6.5m poster and TV campaign for Colgate Total.

● Colgate Oral Pharmaceuticals regrets to inform readers that the window display competition, the details of which were published in *C&D* April 11 and May 2, has been withdrawn. Colgate would like to thank all participants and will be contacting them directly.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.

Mum employs an invisible bodyguard

Mum roll-ons and aerosols have a new look, aimed at ABC1 women over 25.

The new Invisible Bodyguard logo is featured on all the packs, with individual colours for each fragrance. The range is also being extended with new fragrances Sheer Pleasure – a sophisticated floral, and Fresh Peach – a lighter version of the original Fresh Peach.

The roll-on (rsp \$1.19) comes in eight fragrances, and the

aerosol (\$1.85), in six. **Bristol-Myers Co Ltd.**
Tel: 01895 628000.



Free mascara from Ultraglow

Ultraglow is offering a free mascara worth \$4.75 with every purchase of Ultraglow powder, until the end of August.

The powder range consists of Complexsun

UV, Original loose and pressed, and Translucent Powder. The mascara comes with a minimum purchase of \$6.95. **Visage International.**
Tel: 0800 146615.

So you want to smell desirable...

Bond Street Perfumery has launched So...? desirable, a body spray which it says is romantic, feminine and whimsical.

A blend of mandarin and soft berries, the spray has middle notes of rose, jasmine, muguet and peony with a base of sandalwood, tonka, musk and vetiver.

So...? desirable

retails at \$1.99 for a 100ml spray.

Bond Street Perfumery.
Tel: 01268 522711.



Rayovac sheds light on torch sales

A new range of 14 torches is being launched in the UK by Rayovac.

The company says seven million UK households do not own a working torch and its range, with rps from \$2.99, offers an affordable and practical solution. Top of the range is the \$12.99 multi-pack containing two different

sized torches for home and personal use. All packs include Rayovac batteries.

As most torch purchases are made on impulse, the company recommends siting the packs in high traffic flow areas such as on counters or by tills.

Rayovac Europe Ltd.
Tel: 01622 688331.

An essential oil scalp application

Nitblast is an essential oil scalp application to help with the control of head lice in children.

Nitblast contains a blend of lavender,

eucalyptus and tea tree oil in a carrier oil. Each bottle (rsp £7.45) is sufficient for two applications.

Nitblast. Tel: 01273 703587.

Energizer gets Advanced Formula in August

From August, Energizer batteries will be available with an Advanced Formula aimed at high tech equipment such as digital cameras and palmtop computers.

The new batteries are claimed to deliver 60 per cent more power than standard alkaline batteries. They will come to the market as a standard product for Energizer – not a premium sub-brand – and at the same price as the existing product.

Available in AA and AAA sizes, Energizer Advanced Formula will be supported by a range of point of sale material. **Ever Ready Ltd.**
Tel: 0181 882 8661.

Fish at Superdrug

Fish, the cult Soho hairshop, has extended its range of products which will be available from most Superdrug branches from August. Prices start at £1.19.

Fish Hairdressing Co.
Tel: 0171 494 2398.

Agfa's UK web site

Agfa has launched a dedicated UK web site where visitors can find information on the whole Agfa range of products. **Agfa**
www.agfa.co.uk.



Need a little first aid with analgesic legislation?



As you're no doubt aware, this September sees changes to the legislation concerning the sales of products containing paracetamol and aspirin.

Pack-size restrictions mean that the sale of some of your current stocks of these products will no longer be within the law.

Additional pack warnings have also been introduced on all products containing paracetamol.

SmithKline Beecham aim to make this transformation as painless as possible, starting over the page...

A painless guide to new analgesic regulations from SmithKline Beecham.

Analgesics, as you know, are safe when used at normal dosage. However to improve customer safety and reduce the risk of self-harm by overdose, new pack size regulations for analgesic products have been introduced.

This means that from the 16th September '98 it will be illegal for all retailers to sell non-compliant sizes of products containing paracetamol or aspirin, either in tablet or capsule form.





Non-effervescent types of soluble tablet are included in this but powders, liquids and effervescent products will not be affected.

The pack size changes will affect 14 SmithKline Beecham products as shown in column two of the table below.

The deadline for introducing the new warnings has not been announced. Until this deadline has been confirmed, we recommend that you continue to sell-through packs which require new warnings but no pack size change. This will include pack sizes of 12 tablets and capsules and many cold and flu products.

Throughout this changeover period we at SmithKline Beecham will do all we can to make life easier for you. In the meantime please manage your larger pack sizes so you no longer have any remaining by September 16th. Smaller packs shown in column 3 of the table are now available.

 **SmithKline Beecham**
Consumer Healthcare

Brand	Column 1 Product	Column 2 Current Pack Sizes Affected	Column 3 Revised Range including new pack sizes*
	Panadol Capsules	24	16*
	Panadol Tablets	24, 48P, 96P	12, 16*, 32*P
	Panadol Extra Tablets	24, 48P	12, 16*, 32*P
	Panadol Soluble	NOT AFFECTED	12, 24
	Panadol Extra Soluble	NOT AFFECTED	24*
	Solpadeine Soluble	NOT AFFECTED	12P, 24P, 60P
	Solpadeine Capsules	72P	12P, 24P, 32*P
	Solpadeine Tablets	60P	12P, 24P, 32*P
	Hedex	24, 72P	16, 32*P
	Hedex Extra	24	16*
	Beechams Powders Capsules	20	10, 16*
	Beechams Flu Plus Caplets	20	16*
	Beechams Lemon Tablets	20	16*
	All other Beechams Cold and Flu remedies	NOT AFFECTED	AS CURRENT

* = new pack sizes P = Pharmacy Only Licence Panadol, Solpadeine, Hedex and Beechams are registered trade marks

If you would like to know more about legislation and advice on what to tell your customers, call the SmithKline Beecham helpline during normal business hours.

SmithKline Beecham Pharmacy Helpline: 0500 888 878



MEDICALmatters

Pure Health mixture

Premixed liquid paraffin 50 per cent in white soft paraffin now comes in a 500g tub, thanks to Viva Pharmaceuticals who has launched the product under the brand name Pure Health. The product (basic NHS price £3.65) is being distributed by Lexon. **Lexon UK. Tel: 01527 501900.**

Dietary Specialities enter UK

Nutrition Point has introduced the Dietary Specialities Mixes range from the US into the UK. The four gluten- and wheat-free mixes, all available on FP10 for coeliacs and dermatitis herpetiformis, are: White Bread Mix 500g, Brown Bread Mix 500g, Corn Bread Mix 530g (all at basic NHS price £4.20) and White Cake Mix 750g (£4.75). **Nutrition Point. Tel: 01928 562218.**

Vallergan shortage

Production difficulties mean that Vallergan Syrup (trimeprazine 7.5mg/5ml) will be out of stock until the end of August. Pharmacists are advised to dilute Vallergan Forte Syrup (30mg/5ml) up to 3:2 in syrup BP. The reconstituted syrup has a shelf life of 28 days. **Castlemead Healthcare. Tel: 07071 224986.**

APS Berk launches

APS Berk has added two new products to its portfolio: Flamrase SR 75mg (diclofenac) tablets (28, £8.25 and 56, £16.50) and tramadol 50mg capsules (100, £15.94). **Berk Pharmaceuticals. Tel: 01132 380099.**

Furosemide oral solution

Rosemont has launched Furosemide Oral Solution 200ml (frusemide) in three strengths: 20mg/5ml (basic NHS price £17.90), 40mg/5ml (£23.10) and 50mg/5ml (£25.00). The cherry flavoured solutions have the same formulations as the products previously supplied under a Specials licence. **Rosemont Pharmaceuticals. Tel: 01132 441999.**

Cox analgesic changes

Cox co-codamol 100 tablets and dispersible co-codaprin 100 tablets have had their legal status changed from P to POM in line with the new regulations on analgesic pack sizes. **Cox Pharmaceuticals. Tel: 01271 311200.**

Women skipping urine tests for pre-eclampsia

Pregnant women are missing out on vital urine tests for pre-eclampsia, putting themselves and their babies at risk of life-threatening complications.

A recent survey of members of the maternity charity, Action on Pre-eclampsia, found one in four had missed at least one urine test in their last pregnancy, often because they had forgotten to bring a sample with them.

In an earlier survey by the Audit Commission, routine urine checks at antenatal clinics were found to be the exception rather than the rule. In some clinics the proportion of women being checked fell below 70 per cent.

To bring this problem home APEC has launched a nationwide campaign called 'Test the Water' encouraging pregnant women to have their urine checked rou-

tinely at every antenatal visit. APEC has produced two posters and a leaflet targeting women and health care professionals.

APEC medical director Professor Chris Redman said pre-eclampsia was still a baffling condition. "Because it is impossible to predict which women will develop the condition, the only protection is vigilant antenatal screening."

Pre-eclampsia affects up to one in ten pregnancies and is marked by circulatory disturbances, including hypertension and proteinuria. It is often symptomless in its early stages.

Early detection can prevent complications developing such as kidney failure, stroke and convulsions in mothers and asphyxia in the unborn baby. (APEC can be contacted on 0181 863 3271.)

Social functioning important criteria in depression

The management of depression needs to be dramatically reconsidered with an emphasis on assessing patients' social functioning, according to Professor Patricia Casey of University College Dublin.

Speaking at the Collegium Internationale Neuro-Psychopharmacologicum Congress in Scotland last week, she said it was a patient's social function in day-to-day activities, rather than symptoms, which determine return to work and engagement with family and friends.

A recent survey conducted by Glasgow GP Alan Wade found that GPs graded symptoms such as mood, sleep and concentration disturbance as more important than social functioning.

Commenting on these results, Professor Casey said: "GPs may be under the mistaken impression that relief of depressive symptoms implies recovery of social functioning. This is not the case: whilst treatment may produce an early improvement in symptoms, social impairment can last for up to one year."

Thrush makes women depressed

Women with recurrent vaginal candidiasis are more likely to suffer from clinical depression, research has shown.

They are also likely to be less satisfied with life, to have poorer self-esteem and to perceive their lives as more stressful, according to Dr David Miller, head of psychology and psychotherapy services, University College London Medical School.

In a study comparing 28 women who had been treated for candidiasis at least twice in the

previous six months, with 16 non-sufferers, over half of those with recurrent thrush reported that it placed a strain on relationships with their sexual partners and over three-quarters said it had affected their sex life. Their most common concern was that they would find no cure.

Writing in August's issue of *Sexually Transmitted Infections*, Dr Miller says there is a case for developing psychological approaches to managing the disease.

CP Pharmaceuticals' latest

New from CP are co-codamol tablets available in blister packs of 100 tablets (£8.28). **CP Pharmaceuticals. Tel: 01978 661261.**

Akita distributes for RPR

Akita has taken over the sale and supply of Sectral (acebutolol) Capsules and Tablets and Secadrex (acebutolol/hydrochlorothiazide) Tablets from Rhône-Poulenc Rorer. All orders should now be placed with distributor McGregor Cory. Products will remain in the RPR livery until stocks are exhausted. **Akita Pharmaceuticals. Tel: 0870 6071260.**

... and so does Castlemead

Dublin-based Castlemead has also taken over the sale and supply of some of RPR's products. They are Vallergan (trimeprazine) Syrup, Forte Syrup and Tablets; Stemetil (prochlorperazine) Tablets, Injection, Syrup, Effervescent and Suppositories; and Aerocrom (sodium cromoglycate/salbutamol) Inhaler and Syncroner. Distriphar UK is responsible for distribution while medical information should be addressed to Castlemead's UK number 07071 224986. New livery will be phased in once current stock is exhausted. **Castlemead Healthcare. Tel: 00 353 1 278 0755.**

Novo Nordisk distributor

Novo Nordisk has appointed Farillon to act as its UK distributor from August 1 and all orders should be placed with Farillon from that date. Novo Nordisk will continue to handle medical information. **Novo Nordisk Pharmaceuticals. Tel: 01293 613555.**

Larger Ensure Plus

Ensure Plus Ready To Hang now comes in 1,500ml bags (basic NHS price £68.64) in addition to 1,000ml and 500ml presentations. **Abbott Laboratories. Tel: 01795 580303.**

New packs for Sanomigran

Sanomigran 0.5mg (pizotifen) is now in packs of 60 tablets (basic NHS price £4.67) and Zaditen (ketotifen) 1mg in packs of 56 capsules (£7.60). **Novartis Pharmaceuticals UK. Tel: 01276 692255.**

PHARMACYupdate

Thyroid disorders

How various conditions affect normal thyroid function **I**



Ethical dilemma

The ethical and moral implications of dispensing from faxed prescriptions **IV**

Medical update

Are alternative head lice treatments safe and effective? **VI**

Distressed thyroid

Thyroid function is affected by various conditions including auto-immune disease, stress and pregnancy.

Jean Rothwell, a pharmacist who has experienced thyroid problems first hand, outlines the effects

The links between auto-immune thyroid diseases and other auto-immune diseases are known but not fully understood. Links have also been found between thyroid disorders and pregnancy and stress. The principles of over-activity and underactivity of the thyroid gland have already been covered in **Pharmacy Update** (C&D May 2, p viii-x).



Rheumatoid arthritis is associated with auto-immune thyroid disease

Auto-immunity

It is not fully understood why patients with auto-immune thyroid diseases sometimes develop other auto-immune diseases.

Auto-immune thyroid diseases, eg Graves' Disease (hyperthyroidism) or Hashimoto's Disease (hypothyroidism), tend to occur in the same family, sometimes skipping a generation. If one member of a family develops one of the auto-immune thyroid diseases, it is possible that other members of the same family may suffer another, or the same, auto-immune disease. It could be helpful for individual sufferers to be aware of this link. Community pharmacists, too, might find it useful to know about this connection when discussing health matters with customers.

Auto-immune diseases tend

to react to stress, making antibodies against the body's own tissues. Some of the auto-immune diseases associated with auto-immune thyroid disease include:

- pernicious anaemia
- *diabetes mellitus*
- rheumatoid arthritis
- vitiligo
- Addison's disease of the adrenal glands
- *systemic lupus erythematosus*
- *polymyalgia rheumatica*
- temporal arteritis
- myasthenia gravis
- dyslexia.

Because the chance of developing any of these diseases is due to genetic make-up, there is little that can be done to avoid them in affected families other than trying to live a healthy lifestyle and avoiding stress if possible.

Some of the most commonly occurring auto-

immune diseases in patients suffering from thyroid auto-immune diseases are:

● Pernicious anaemia

This is caused by lack of production of 'intrinsic factor' by the parietal cells in the stomach lining which aids the absorption of vitamin B12 in the intestine. This disease may be slow to develop and a patient known to be suffering from one of the auto-immune thyroid diseases should be referred to their doctor, who will probably arrange for a blood test to be carried out. Tell-tale signs include paleness and symptoms of tiredness, lethargy and breathlessness together with a sore tongue or mouth – particularly if it is an older woman. Once diagnosed, pernicious anaemia can be treated successfully with regular injections of vitamin B12.

● Diabetes mellitus

Diabetes mellitus is thought

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THIS COURSE (MODULE 1097),
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CHOICE QUESTIONS BEING
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CONTINUING EDUCATION

OBJECTIVES

- To be aware of how thyroid problems and auto-immune diseases are linked
- To recognise associated eye diseases
- To be aware of the effects of pregnancy and stress on thyroid function
- To recognise other conditions that can stress the thyroid

to be, in some cases, an auto-immune disease caused when antibodies attack certain cells of the pancreas, affecting the production of insulin. In patients or families where auto-immune thyroid disease exists, this type of *diabetes mellitus* may develop, sometimes in younger members of the family. This should be suspected particularly if symptoms of tiredness and weight loss develop together with increased thirst and passing of large volumes of urine.

● Rheumatoid arthritis

This auto-immune disease affects 1-2 per cent of the population, affecting two or three times more women than men. Usually starting in early adulthood or middle age, it can also affect children and elderly people. The onset of rheumatoid arthritis is often with joint pains and stiffness usually in smaller joints, eg wrists, toe joints and knuckles, together with loss of appetite, weight loss, vague muscular pains and generally feeling

Continued on P11 ▶

◀ Continued from PI

unwell. Patients with auto-immune thyroid diseases are usually referred for blood tests if such symptoms develop.

● Vitiligo

Vitiligo is a skin disorder affecting about one in 200 people where de-pigmented white patches appear on the skin. It occurs frequently in conjunction with pernicious anaemia and hypothyroidism – an indication of auto-immune disorders although nutritional deficiencies may also be responsible. There is no specific remedy and make-up may be used to disguise prominent areas.

Other auto-immune diseases associated with thyroid auto-immune disease but less frequently encountered include:

● Myasthenia gravis

A rare muscle disorder found more often in patients with Graves' disease than in the population generally. This auto-immune disease affects the receptors in muscles which are responsible for picking up nerve impulses, causing the affected muscles to respond only very weakly. The eye muscles are usually the first to be involved causing drooping eyelids, followed by muscles of the trunk and limbs. The patient becomes weaker and more tired as the disease progresses. Treatment varies depending upon the severity of the case.

● Polymyalgia rheumatica and temporal arteritis

These are diseases which may be associated with Hashimoto's disease and are usually found in women over the age of 50 years.

Polymyalgia rheumatica causes pains in the muscles and joints and can be associated with temporal arteritis which gives rise to headaches, fever and general malaise.



Eye disease

Thyroid eye problems are found in many patients suffering from Graves' disease but they tend to clear up as the overactivity of the thyroid gland is controlled. Smoking tends to increase the problems associated with thyroid eye disease. In some people a 'staring' eye appearance can appear some months before any thyroid overactivity is diagnosed, and occasionally this symptom can come on after the overactivity has been treated.

People suffering from Graves' disease sometimes suffer from inflammation of the tissues behind the eyes due to a special type of auto-immune process which pushes the eyes forwards ('exophthalmos'). However, this type of eye problem can occur independently of any change of thyroid function. The antibody is not the same as the one that upsets the thyroid gland itself. Eye drops, eg hypromellose, help to soothe the eyes and keep the surface of the eye lubricated particularly when the eyes have a gritty feeling. Protecting the eyes from winds and dust helps (by wearing dark glasses). In the more severe cases specialist treatment is necessary.

Occasionally, when the muscles that move the eyeballs are affected, patients may have double vision; in most cases this tends to improve when the thyroid overactivity is brought under control.

It is worth noting that many thyrotoxic patients experience no problems at all with their eyes throughout the course of their illness.



Stress

Stress can affect the activity of the thyroid gland and some stressful events in life may stimulate the release of thyroxine into the blood. This stress syndrome could also be responsible for triggering off Graves' disease if the antibodies which are responsible for this disorder are already present in the body.

A period of stress may arise in certain situations, eg a surgical operation, which could stimulate the production of thyroxine. This may be followed at a later date by a down-swing in the production of thyroxine, and usually a return to normal for the patient.

Examples of stressful situations which may affect the production of thyroxine:

- major surgical procedures
- accidents, eg road traffic accidents
- burns
- bereavement
- withdrawal symptoms – from drugs or alcohol
- drug abuse, eg amphetamines
- psychiatric illness – mania, depression, schizophrenia, (but not Alzheimer's disease)
- anorexia nervosa
- physical illnesses – these include:
 - 1 fever – sometimes affects

the production of thyroxine 2 cystitis and flu can cause less T4 to be converted into T3

- 3 Aids-related complex produces symptoms of fatigue, enlarged glands, diarrhoea etc when production of T3 is reduced resulting in a slower metabolic rate
- 4 serious diseases such as cancer, diabetes, coronary heart attack can cause a reduction in the production of both thyroid hormones producing symptoms of an underactive thyroid
- 5 disorders of the kidneys can interfere with the conversion of T4 to T3
- 6 liver disorders can affect the production of T4 resulting in a temporary feeling of restlessness.

Conditions which may be affected by the presence of thyroid disease:

- Hypertension – this can be affected when the thyroid gland becomes either overactive or underactive. Symptoms such as a rapid heart beat or raised blood pressure are occasionally connected with a thyroid problem and should be investigated and treated if appropriate.
- Coronary heart disease – any underlying thyroid disease should be treated promptly after tests have been carried out to identify its presence.
- Problems with breathing – eg emphysema, asthma, bronchitis are sometimes made worse when there is thyroid overactivity particularly when treatment with a beta blocker, which would slow down the heart rate, is not possible. In these patients treatment with an antithyroid drug such as carbamazepine should make breathing more comfortable when given with the usual respiratory treatment.



Pregnancy

The thyroid gland may sometimes become slightly enlarged during a normal pregnancy and some of the thyroid function tests may also change, but these changes do not normally give cause for concern.

If the woman becomes pregnant while taking an antithyroid drug, the treatment will usually be reduced to the smallest effective dose during pregnancy and will normally be stopped during the last 4-6 weeks prior to the expected date of delivery. This is

ACTION PLAN

1. List as many auto-immune diseases as you can in your practice workbook. Which of them may be linked to thyroid problems?
2. Using PMR, note 50 patients who are on thyroid active drugs. Which of them also have an auto-immune disease?
3. Has pregnancy affected the thyroid function of any of your patients?
4. Has physical illness affected the thyroid function of any of your patients?

because the auto-immune disorder which causes the Graves' disease tends to lessen and the overactivity of the thyroid becomes milder at this stage of pregnancy.

Occasionally, overactivity of the thyroid due to Graves' disease develops during pregnancy. A radio iodine uptake test should not be carried out during pregnancy because of the effect which the isotope would have on the baby's thyroid gland. Treatment is usually with an antithyroid drug (sometimes with subtotal thyroidectomy during the middle three months of the pregnancy). The antithyroid drug may be stopped during the last 4-6 weeks of pregnancy and restarted following delivery. Babies should not be breast-fed in these cases.

Some mothers occasionally develop overactivity or underactivity of the thyroid gland after delivery. This is usually of short duration if symptoms are treated appropriately. In 25 per cent of cases of underactivity, treatment needs to be continued permanently.

Thyroid activity also affects fertility. Untreated hyperthyroidism means women are unlikely to become pregnant. Treatment with an antithyroid drug, surgery or radio iodine, usually returns fertility to normal.

Women who suffer from an untreated underactive thyroid gland are also infertile. Thyroxine corrects and treatment should be continued during and after pregnancy with thyroid tests carried out to determine that the correct amount of the hormone is being used.

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the effect of tolterodine, whereas tolterodine may reduce the effect of metoclopramide and cisapride. Pharmacokinetic interactions are possible with other drugs metabolised by or inhibiting cytochrome P450 2D6 (CYP2D6), or CYP3A4. No interactions seen with warfarin or combined oral contraceptives (ethinyl estradiol/levonorgestrel). No clinically significant interaction with fluoxetine. **Pregnancy & lactation:** Until more information is available tolterodine should not be used during pregnancy or lactation. Women of fertile age should be using adequate contraception. **Side-effects:** Those reported include: *common* (>1/100) dry mouth, dyspepsia, constipation, abdominal pain, flatulence, vomiting, headache, xerophthalmia, dry skin, somnolence, nervousness and paresthesia; *less common* (<1/100) accommodation disturbance and chest pain; *uncommon* (1/1000) allergic reactions, urinary retention and confusion. **Overdose:** In the event of tolterodine overdose, treat with gastric lavage and give activated charcoal. Treat symptomatically. **Legal category:** POM **Pack sizes:** Detrusitol 2 mg and 1 mg in cartons of 56 containing 4 blister strips of 14 tablets each. **N.H.S. Price:** Detrusitol 2 mg (56) £32.00, Detrusitol 1 mg (56) £28.80. **Marketing Authorisation numbers:** Detrusitol 2 mg tablets PL 0032/0223, Detrusitol 1 mg tablets PL 0032/0222 **Marketing Authorisation Holder:** Pharmacia & Upjohn Limited, Davy Avenue, Milton Keynes MK5 8PH, UK **Date of Preparation:** February 1998. **References:** 1. Nilvebrant L et al. Eur J Pharmacol 1997; 327:195-207. 2. Malone-Lee JG et al. 27th Annual Meeting of the International Continence Society (ICS), 1997, Yokohama, Japan (Study 012). 3. Abrams P et al. 92nd Annual Meeting of the American Urological Association (AUA), 1997, New Orleans, USA (Study 008).

Doubledose Chemists had been trading from the High Street for nearly 25 years. Business was good but the local doctors were due to relocate to a purpose built surgery on the outskirts of the town. Fred Doubledose was concerned this would hit prescription numbers. His patients would undoubtedly visit Mr Nearby's pharmacy, situated closer to the new site. To prevent this, Doubledose opened a second pharmacy in the parade of shops near the new surgery.

He was unable to get a dispensing contract for the new pharmacy unless he was prepared to relocate his High Street business, and he certainly wasn't prepared to consider that until the new surgery opened, six months later. In the meantime, he operated as a non-dispensing pharmacy, faxing the odd prescription through to his High Street shop.

The new pharmacy is close to a sheltered housing development. The warden brought in a prescription for one of the residents. Fred promised it would be ready later that day. However, the High Street pharmacy was out of stock and the item was not due for delivery until late that afternoon. As it was half day closing, Fred could not get the medication to the patient until the following day.

Should he try to contact the warden or the patient and offer to let them take the prescription to Nearby's, or would he promise the item for the next day?



Holding off

When the warden returned, Fred promised to have the prescription ready first thing in the morning. The next day he collected the item on his way to the new shop so that it was ready to collect when the pharmacy opened.

Fred thought nothing more of the matter until he received a visit later that day from the patient's doctor. The doctor surprised Fred by saying that he was seriously considering reporting Fred to his professional body for unethical conduct. The delay in providing the Zovirax had led to a worsening of the patient's shingles. He was seriously ill and now unlikely to benefit from the medication. Had he been able to start the course of treatment yesterday, he may not be facing the possibility of hospitalisation. Fred said he had done what he

The hard fax



Where do pharmacists stand with the dispensing of faxed prescriptions? Ruth Rodgers, independent pharmaceutical consultant and formerly of the Royal Pharmaceutical Society's law department, attempts to clarify the situation

could to get the prescription as soon as possible. The doctor disagreed. He said that Fred shouldn't have taken the prescription since the pharmacy wasn't even licensed for NHS work.



Immediate action

The overheads of running two shops are high and it would be some time before the new one would start to make a profit, so Fred was tempted to ask the warden to return the next day. This would allow him to hold on to the small profit from dispensing the item.

However, Fred's caring nature got the better of him. The prescription was for Zovirax tablets and he guessed the patient was likely to be developing shingles, a serious condition in a frail, elderly person. When the warden returned, Fred explained the importance of starting treatment as soon as possible and asked if he could try another pharmacy as the prescription couldn't be supplied until the next day.

The warden was impressed that Fred was putting the patient's welfare above his

need to make a profit and resolved to try to bring more business his way.



Official stance

Several issues are highlighted here.

Whether it is acceptable to dispense a medicine against a faxed prescription is perhaps key among these. Others include the lack of face-to-face contact with the patient, dispensing via a third party and handling NHS prescriptions by non-contact pharmacies.

The Royal Pharmaceutical Society has repeatedly stated that it believes the best pharmaceutical service is provided where the patient has direct contact with the dispensing pharmacist in the registered premises.

The pharmacist is able to communicate most effectively in this situation; he or she has reference sources and a telephone, should there be a query over a prescription. More importantly, he or she has stock available and, unless there is a shortage on a particular item, is able to dispense with the minimum delay so the patient can start treatment promptly. Out of

stock items can be identified immediately and steps taken to either obtain the item or locate an alternative pharmacy which does have the item.

While dispensing a prescription from a faxed copy in a distant pharmacy is not precluded, precautions should be taken to safeguard the quality of service provided. The dispensing pharmacist would be wise to have sight of the original prescription before handing over the dispensed item to the non-contract pharmacy to check that no legibility errors have crept in.

Liability and responsibility for the accuracy and suitability of the prescribed item would lie between the pharmacists involved.

It should go without saying that the patient should be told that the prescription will be dispensed elsewhere and their consent obtained. The nature of the medication, the patient's circumstances and the ability of the patient's representative to carry a message or make a decision on behalf of the patient all need to be considered before accepting a prescription for dispensing at a non-contract pharmacy.

Infant nutrition

In the July 18th issue of Chemist & Druggist you will find the first of two pull-out modules that together make up the Pharmacy Accreditation Programme on Infant Nutrition (Chemist & Druggist/Cow & Gate/Milupa). This module is intended for the Pharmacist and the other, published next week with Over-the-Counter, for a Pharmacist Assistant. By completing the programme, you will ensure that your Pharmacy provides good advice on infant nutrition, and your accreditation Certificate will help advertise this attractive and valuable service to your customers within the local community.

This Pharmacist Briefing provides an overview of the programme and how to get accreditation for your Pharmacy. As well as summarising the main topics covered in both modules, it identifies which areas a Pharmacy Assistant should be confident in providing advice and where they should refer to the Pharmacist.

FEEDING CHOICES

Breastmilk gives babies the best start in life, but breastfeeding may not always be possible or desirable for mothers. Infant milks for bottlefeeding provide a nutritionally complete alternative to breastmilk. Mothers should be supported in their choice, whether it be to breastfeed or bottlefeed.

P The Pharmacy Assistant should be able to advise on how to make up a bottlefeed.

R Customers who ask for detailed information about the nutritional content of infant milk, as compared to breastmilk, should be referred to the pharmacist.

P Pharmacy assistant
R Refer to pharmacist

INFANT MILKS

There are two main types of infant milk, both of which can be used from birth as a substitute for breastmilk. Whey dominant infant milks are closest to breastmilk in composition while casein dominant infant milks are suitable for the hungrier bottlefed baby. Follow-on milks are designed for infants of 6 months of age or older as part of weaning.

P Pharmacy Assistants should have an awareness of the different types of infant milks and provide advice on how they should be reconstituted.

R Customers seeking advice about the most appropriate infant milk for bottlefeeding their child should be referred to the Pharmacist, along with questions about the composition of different infant milk formulas.



WEANING

As babies grow beyond 4–6 months of age, their nutritional requirements can no longer be satisfied by breastmilk or infant milk alone. Weaning is aimed at making the baby less dependent on breastmilk or infant milk, increasing the range of tastes and textures in the diet and starting to train the infant to feed himself.

P The Pharmacy Assistant should provide confident advice on when a healthy infant should be weaned, how to recognise that a baby is ready to wean and at what stage and how solid foods should be introduced. They should also be able to advise on the preparation of babyfoods.

R Parents of children with special dietary requirements always should be referred to the Pharmacist for advice.

SUPPLEMENTS

Vitamin or other supplements may be of benefit to some babies, particularly when the diet of the mother and the baby is inadequate.

R Questions about vitamin and other supplements, and about the composition of infant milks should be referred to the Pharmacist.

SPECIAL DIETARY REQUIREMENTS

Certain babies cannot tolerate particular types of food or may have other special dietary requirements. In particular, some babies are intolerant to milk and require an alternative source of nutrition.

R Advice about feeding children with special dietary requirements should be provided by the Pharmacist.

INFANT NUTRITION

Babies require the right levels and balance of nutrients to grow and thrive. Proper nutrition during infancy also lays the foundations for good health in later life.

P The Pharmacy Assistant should be able to advise parents on how they can ensure their baby gets a balanced diet. They should also be able to describe the main types of nutrients, which foods provide them and how they are used by the body.

R Customers requesting more detailed information can be referred to the Pharmacist.

Applying for accreditation

To enter your Pharmacy for accreditation, study the Pharmacist module of the programme and complete the questions included at the end. Co-ordinate with the Pharmacy Assistant as they work through their module, providing them with any assistance they may need. When both sets are completed phone through your answers using a touch tone phone and the PIN issued to you on registration. A pharmacy certificate will be awarded on successful completion of both modules.

Your PIN gains you free access to C&D's marking system which is underwritten by Cow & Gate/Milupa (see registration form opposite) or contact your Cow & Gate/Milupa representative or the company direct on 0345 623623 for additional copies of the learning modules for both Pharmacist and Pharmacy Assistant. Your results will be made available to Cow & Gate/Milupa.

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REGISTRATION FORM

Pharmacist's name

RPSGB or PSNI registration number

Assistant's name

Pharmacy name and address

Post Code

Tel no Fax no

Send this form to:
Sue Cheeseman, Pharmacy Group Editorial Projects,
Miller Freeman plc, Tonbridge, Kent TN9 1RW

Accessibility to emergency contraception not abused

Making emergency hormonal contraception (EHC) more accessible to women does not lead to its routine use as a first-line contraceptive, reveals a Scottish study in the *New England Journal of Medicine* (1998; 339(1): pp1-4).

This study may help to reinforce the Royal Pharmaceutical Society support for over the counter EHC and its belief that greater access does not lead to unnecessary use (*C&D* June 20, p5).

In the study, 553 women were given a replaceable supply of EHC pills to take home and use when needed, while the control group (530 women) had to obtain their pills from the doctor. Both groups were assessed a year later for frequency of use, use of other contraceptives and incidence of unwanted pregnancies.

The results showed that women who had ready access to EHC were more likely to use the method on one occasion over the year than the control group. However, they were no more likely than the control to use it more than once.

The choice of contraceptive was similar in both groups: initially, condoms were the most popular, but many had switched to oral contraceptives by the end of the year. The failure rate of the emergency contraception was 3 per cent – within the range quoted for practical practice.

The results indicate that making EHC available at home is safe and may reduce the risk of unwanted pregnancies. Improved accessibility did not affect normal contraceptive use. Few women said they took more risks. They found it a useful addition to their contraceptive options. Many of the women thought EHC should be available without prescription, but they did not abandon more reliable methods of contraception in favour of using it repeatedly.

The women were recruited because they were likely to use EHC. They had either used it before or had terminated a pregnancy previously.

Despite increasing interest in alternative lice treatments, there is still a lack of evidence for their efficacy.

Interest in naturally-occurring substances such as quassia, tea tree oil, other essential oils, herbal remedies and even petrol has arisen following concerns over resistance and carcinogenicity associated with chemical treatment.

However, in *The Drug and Therapeutics Bulletin's* review of head lice treatments, no published evidence that any of them work and, until recently, no standards to regulate their use were found. Some treatments, such as the petrol-based ones, were even found to be potentially dangerous.

The Medicines Control Agency recently ruled that head lice infestation was an adverse medical condition and so products which claim to treat it must carry a product licence. This means that herbal-based and essential oil-based topical treatments can no longer claim to treat infestation.

The *Bulletin* also found only anecdotal evidence supporting the efficacy of mechanical clearance of lice using combs. Nevertheless, with appropriate counselling and strong commitment, it was

Evidence lacking for lice alternatives



Head lice is easily spread when children play closely together

considered a valid alternative in patients where insecticides have failed or have been declined. Also, pharmacists and other primary health workers should encourage routine detection combing

and not just combing in response to an outbreak.

Standard treatment of head lice should be with malathion- or pyrethroid-based products, with carbaryl-based products reserved for resistant lice.

Belts and braces best approach for barotrauma

People with blocked sinuses can minimise ear pain and discomfort associated with air travel by using both a nasal spray and decongestant prophylactically.

The medication should be taken one to two hours before descent with the aim of shrinking the membrane and helping the ears to 'pop'. People with nasal allergies can also take antihistamines. This belt and braces approach was advocated by David Garfield-Davies, consultant surgeon at the London Clinic and Royal National Nose, Throat and Ear Hospital, during the launch of a survey on barotrauma conducted on behalf of Earplanes.

Other non-drug measures can be taken, particularly

where medication is contra-indicated (eg in hypertension and heart disease). Mr Garfield-Davies' suggestions included removing impacted wax which, if left in, can put pressure on the eardrum causing blisters. Over the counter devices such as Earplanes or Otovent may also help discomfort by equalising pressure in the ear.

Children are more likely to suffer from barotrauma (up to 25 per cent) than adults because their Eustachian tubes are shorter and more horizontal. They should be woken up before descent and allowed to cry as this helps to equalise pressure.

A recent National Opinion Poll survey found that 21 per cent of almost 1,000 people over the age of 15 suffer or

have suffered ear discomfort on flying. Almost three-quarters of them sucked a sweet to relieve symptoms, while nearly half pinched their nose and attempted to breathe out with closed mouths (Valsalva technique). Only 10 per cent took painkillers or decongestants before take off or landing.

Pain and discomfort occur when pressure in the ear cannot be equalised, stretching the eardrum. This is worsened by conditions that block the Eustachian tube such as colds and sinus infection. "If a Eustachian tube is blocked, the difference in pressure between the outside and middle ear builds up forcing the ear drum inwards, which can cause pain," says Mr Garfield-Davies.

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Toxicity of some herbal preparations is often due to adulterants

Chinese herbs to be vetted by Kew

The Royal Botanical Gardens in Kew has taken the first step in setting up an evaluation centre for authenticating herbs used in traditional Chinese medicine.

Working in collaboration with authorities in China, Kew will act as a national quality control centre to ensure the herbs being imported and used in the UK are safe and non-toxic. It is hoped protocols will be in place in the next three to five years.

Speaking at a meeting on Medicines from Plants organised by the Society of Pharmaceutical Medicine, Dr Christine Leon of Kew said traditional Chinese medicine had a place in the treatment of certain diseases and restricting it was unrealistic. However, the problem of toxicity had to be addressed.

New research has found that 10-15 per cent of all species of Chinese herbs in the UK are of dubious origin. "There is no mandatory quality control in the UK on Traditional Chinese Medicine and so the onus is on the importer or practitioner ... Consequently, fakes and adulterants are turning up," said Dr Leon.

Chinese herbal medicine has become a victim of its own success. Its increasing popularity in the West has put pressure on natural resources in China and this has led to substitution of active herbs with cheap imitations and the use of wild rather than farmed supplies. Such practices have invariably contributed to the toxicity associated with Chinese herbal medicine.

The number of practices in the UK rose from 200 in 1987 to 3,000 in 1997.

Anxiety over breast problems widespread

Nearly one in ten women presenting at one GP surgery were concerned about a possible breast problem.

Dr Eleanor Clarke, conducting a survey at her Chorleywood practice, found that 61 of a total 674 women seen over a six-month period were concerned about their breasts. On further investigation, nearly two thirds were found to have breast problems.

Breast pain was the commonest problem affecting 46 per cent of women on hormone replacement therapy and 54 per cent of non-users. Nearly half of those on HRT were switched to another type, usually a non-bleeding formulation, and a quarter were switched

to bisphosphonates as an alternative protector against osteoporosis. Gamolenic acid was prescribed for 7 per cent of patients on HRT and in four patients not on HRT.

During the study, six women presented with breast lumps, two of which were referred to a breast clinic where the lump was found to be benign and the rest were managed within the practice.

Dr Clarke says the media has an impact in raising women's concerns and in over-referral of women to costly specialist centres. "In the week after Linda McCartney's death from breast cancer I saw twice as many women with breast concerns. The cancer charity BACUP received 1,000 more calls than usual about breast cancer."

WHO to reclassify incontinence

The World Health Organisation is to reclassify incontinence as a disease rather than a condition to give it greater weight among health care professionals.

Specialists from around the world gathered in Monaco earlier this month for the 1st International Consultation on Incontinence, co-sponsored by WHO. The aim was to reach a consensus on treatment guidelines and raise awareness of bladder control problems, which affect more than 200 million people worldwide.

With impotence now out in the open, bladder control problems seem to be the last taboo of the 20th Century, said Mr Paul Abrams, conference chairman and consultant

urological surgeon at Bristol's Southmead Hospital. "This proposed change in the International Classification of Diseases would send a signal that this very treatable disease should be taken more seriously," he added.

Mr Abrams also wanted guidelines to be more specific to community care rather than secondary care. Other members of the panel said that pharmacists had an important role as educators and health advisers, particularly in developing countries where they were often the only port of call.

Unstable bladder is one of the most common causes of poor bladder control. Symptoms include frequency, urgency and sudden involuntary loss of urine.

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of **Genus Pharmaceuticals**, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in

the August 8 issue, which will cover this week's CPP-accredited modules, together with those in the July 4 issue.

In other words:

- Accidental poisoning (1095)
- Fat soluble vitamins (1096)
- Thyroid disorders (1097).

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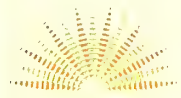
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Notes:

1. The RNPFN figure is based on a saving of £50 a month from 1 April 1988 to 1 April 1998. Past performance does not guarantee similar performance in the future.
2. Source for building society figure: S&P Micropal.



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Building the future links

The Nuffield Inquiry report¹ in 1986 proposed that: "The pharmacists' future role should be seen in terms of greater collaboration with other health care professionals, particularly GPs."

The Joint Working Party report² in 1992 stated: "One of the factors which currently limits the extent to which pharmacists are able to influence prescribing is the lack of effective dialogue with GPs."

In October 1995, all pharmacists were invited by the Royal Pharmaceutical Society to participate in 'Pharmacy in a New Age', a consultation process on the future of the profession. The outcome was the publication of 'The New Horizon' and 'Building the Future', which identified five key areas for future development:

- the management of prescribed medicines
- the management of chronic conditions
- the management of common ailments
- the promotion and support of healthy lifestyles
- advice and support for other health care professionals.

These strategic aims are underpinned by the philosophy of pharmaceutical care, which is all about relationships and responsibilities, continuity of care and outcomes. The pursuit of evidence linked with clinical outcomes in medicine mirrors recent developments in pharmacy practice.

In the past decade many models have emerged of multidisciplinary working within primary care, including practice pharmacists employed by GPs and independent consultants providing input on a sessional basis. I set up an asthma clinic in a GP practice in 1990 and now lead a small team of independent consultant pharmacists in Glasgow – Primary Care Pharmaceutical Consultants Ltd.

Who are we?

We are a small team of community pharmacists from Glasgow: myself, Alister Maclaren, Alison Campbell and Richard Lowrie. We are an independent company, but work closely with the medical and pharmaceutical prescribing advisers to the Health Board.

We did not plan to set up as a company from the outset. Initially, I obtained \$65,000 funding from the Scottish Department of Health primary care develop-

Clare Mackie, who leads a team of independent consultant pharmacists in Glasgow, shares her experiences of setting up a primary care consultancy firm to improve patient care



Carrying out a medication review with the patient

ment fund 1995/96 to set up pharmacist managed medication review clinics in general practice. The aim was to deliver the clinics and evaluate them to develop an evidence base for future practice developments.

The study was a randomised controlled trial involving six GP practices in Glasgow. Patients receiving four or more medicines on repeat prescription were invited to participate. Overall, 1,960 patients were included and followed up for a period of a year after changes were made to therapy.

The development fund did not provide funding for the research undertaken, which was the basis of my PhD. However, it did fund the delivery of the clinics by appointing a full-time pharmacist (Alister Maclaren), two part-time pharmacists (Alison Campbell and Margaret Mathieson) and four other community pharmacists who provided clinics on a sessional basis. The project started in September 1995; the last patient was interviewed in January 1997 and follow up completed by January this year.

We have always had excellent links with GPs in Glasgow and had been approached by many of the GP fundholders asking to purchase our services. We had initially resisted this development, suggesting that they make contact with their local community pharmacists.

However, when funding started to run out after a year, we were unable to secure additional funding from the Health Board and had to consider alternative

sources of revenue. And so Primary Care Pharmaceutical Consultants (PCPC) was set up in September 1996.

What are our aims?

The aims of the company are to:

- improve patient care and bring about health gain by providing consultancy pharmaceutical services to prescribers on the clinical effectiveness of evidence-based drug treatment
- participate in research to support the development of evidence-based pharmaceutical services in primary care
- provide education, training and support to community pharmacists wishing to develop knowledge and skills in this area.

Setting up

This was the most difficult stage, as we needed the services of other professionals who were unfamiliar with our work. We needed the following support services:

- an accountant to advise on incorporation. It was our intention from the outset to register as a charity, and this required negotiation with the Inland Revenue, which is complex and still ongoing. Cost in first year – \$1,600
- a contract lawyer to draft documents covering all aspects of services we were currently delivering and those we may wish to consider in the future. Contracts that need to be drafted included those between the company and the health board, the company and individual practices, and the company and its employees. Cost of legal advice – \$1,000



● professional indemnity insurance. We approached the NPA and were disappointed to find they could not quote us for indemnity insurance, even though we were all community pharmacists. This is a growing area of practice, yet no insurance company can provide reasonable flexible cover. We eventually got cover from the Pharmacy Insurance Agency, which cost \$1,000 to cover four pharmacists.

We saved on the initial cost of premises by setting up in an office within one of my pharmacies, which offered computer support and photocopying facilities. We put in a new telephone line solely for use by PCPC. Total cost was limited to telephone line rental and consumables such as stamps and stationery.

Overall, our set up costs were less than \$5,000.

Services on offer

Examples of services to practices include:

- medication review clinics at \$250 per clinic for an eight-hour day
- medicines use review at \$25 per hour, with a minimum of four hours per session.

A contract would usually be for a range of services to meet the needs of the individual practice. Generally, a pharmacist would spend two days completing a needs assessment before agreeing the final contract.

A needs assessment would comprise interrogating the computer system to map out disease prevalence and drug use for the practice population, interviewing all staff and reviewing prescribing data.

Following discussion and acceptance of the proposal, a service specification and contract is provided to the practice. All GPs in the practice are required to sign the contract, and the total fee is invoiced and payable at the start of the service. An example of items of service and related costs is provided in box 1.

Although we incorporated the company in September 1996, we did not start trading until January 1997. Our first contract was signed that March; within six months we had 15 contracts with GP fundholders exceeding \$100,000.

Box 1: Example of items of service and costs

Practice X

Formulary audit	20 hours @ £25	= £500
Medicines Use Review	20 hours @ £25	= £500
Treatment protocols	40 hours @ £25	= £1,000
Repeat prescribing audit	60 hours @ £25	= £1,500
Medication review	26 clinics @ £250	= £6,500
Total fees due*		= £10,000

* note no VAT is due on professional pharmaceutical consultancy services

Profits from these consultancy services have funded the one year patient follow up of the original randomised controlled trial, which was completed in January this year.

We have developed a research strategy and are continuing to gather evidence to support the development of pharmaceutical services in primary care.

In June last year, we moved to dedicated office premises outside the pharmacy so that we could establish a resource centre to educate, train and support other community pharmacists wishing to develop skills in this area. Recently we have obtained support from Greater Glasgow Health Board to provide education, training and support to 30 pharmacists.

In the future we would like to see the company move away from the direct provision of services to patients, so that it can maintain a more strategic overview of practice developments. We would like to continue to provide education, training and support to enable local community pharmacists to provide these services.

We have experience of managing the process from the initial needs assessment to the contract negotiation. Once a contract is agreed a local pharmacist is ideally placed to provide the service. We would like to provide ongoing support in the form of training, peer review and audit to ensure the quality of the service provision.

We would like to manage the roll-out of the original medication review clinics and research

the many questions that remain unanswered and are likely to provide us with an enormous challenge for the foreseeable future.

And finally ...

If you are thinking of developing services in this area, you should contact your local prescribing advisers to find out what is already happening on your patch. Try to make contact with others so that you don't have to go it alone.

Your next priority should be to look for professional advice about accounts and contracting, and obtaining a professional indemnity insurance. The United Kingdom Clinical Pharmacy Association has a primary care practice interest group* of pharmacists working in this area to provide information and support.

Why not join? In doing so you will share in the experience of others.

* For further information about the primary care practice interest group contact Pat Kennedy, UKCPA office, Alpha House, Countesthorpe Road, Wigston, Leics, LE18 4PJ.

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The pharmacist and the GP get together, following the medication review, to discuss the best therapy for the patient

Get Set

FOR RUNAWAY SALES SUCCESS AGAIN

Last year, Diocalm Ultra was the fastest growing Loperamide brand*, with sales up an incredible 36%*

- thanks to you and our extensive radio and women's press campaign. This year sales are set to move even faster.

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Sa relax - with your recommendation and our extensive campaign, you're set for another Ultra successful summer.

*Source: Independent Pharmacy Audit



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LOPERAMIDE FORMULA

Nothing stops
diarrhoea faster

NOTHING STOPS DIARRHOEA FASTER

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Contains Loperamide. Always read the label. Diocalm is a Trade Mark of Seton.

**ALSO AVAILABLE: DIOCALM DUAL ACTION -
FOR ADULTS AND CHILDREN FROM 6 YEARS.**

Diocalm Ultra Abbreviated Product Information. Presentation: Blue and white capsules containing 2.0mg of Loperamide Hydrochloride EP. Indications: For the symptomatic treatment of acute diarrhoea. Legal Category: P. Product Licence Holder: Seton Products Ltd, Oldham. Diocalm is a Trade Mark of Seton. Further information is available on request from the Licence Holder.

yes _____ mins _____ Initials and one full forename _____

Address _____

Pharmacy Stamp

Pharmacist's pack and quantity endorsement	No. of days treatment N.B. Ensure dose is stated	NP	Pricing Office use only
--	--	----	-------------------------

70ml
2/7/98
Erythroped S/F
250mg/5ml

30ml
9/7/98
5ml BD for
10 days

claim
2 bottles
limited
stability

Signature of Doctor _____ Date _____

Form FP10 (Wales) (Rev. 12.77)

IMPORTANT Read notes overleaf before going to the chemist

If the period of treatment exceeds a medicine's shelf life, how can the patient be satisfied? The Pharmaceutical Services Negotiating Committee explains how pharmacists should endorse ...

Questions

- 1 Will this endorsement be accepted?
- 2 How many professional fees will this prescription attract?
- 3 If the patient pays, how many prescription charges will be levied?

Answers

- 1 Yes: as Erythroped is only stable for seven days after reconstitution. Two bottles may be supplied to cover the number of days.
- 2 One professional fee plus one additional fee for limited stability.
- 3 Only one charge, even though two bottles are dispensed on different occasions.



TRAVEL SICKNESS?

For Prevention of Nausea & Vomiting including Travel Sickness

Contact Your Local Wholesaler or Manx Pharma Direct on: 01622 766389

Product Information. Presentation: Blister packs of 10 or 28 tablets, each tablet containing 25mg promethazine theoclate BP. **Indications:** Prevention and treatment of nausea & vomiting including motion sickness and postoperative vomiting. Vertigo due to meniere's syndrome, labyrinthitis and other causes. **Dosage and administration. Motion Sickness. Adults:** For prevention on long journeys, one tablet each evening at bedtime. On short journeys, one or two tablets before travelling or as soon as possible. For treatment, one tablet as soon as possible followed by a second tablet on the same evening. A third tablet the next evening may be necessary. **Nausea and Vomiting due to other causes. Adults:** One tablet at night is often sufficient, more frequently twice or three times daily if required. It is usually not necessary to exceed four tablets in 24 hours. Children Over 10: The lower adult dose for all indications. Children 5-10: Half the adult dose for all indications. **Contraindications:** Avomine should not be used in patients taking or having taken MAOI's in the last 14 days. Patients in coma, or suffering from CNS depression of any cause. Do not give Avomine to neonates and premature infants. Known hypersensitivity to Phenthizanes. **Interactions:** Avomine will enhance the effects of anticholinergic agents, tricyclic anti depressants, sedatives or hypnotics. Avoid alcohol during treatment. Avomine may interfere with immunologic urine pregnancy tests. Avoid taking Avomine at least 72 hours before skin tests using allergen extracts. **Driving and Machinery:** Patients taking Avomine for the first time should not control vehicles or machinery until it has been established that there are no unwanted side effects. **Precautions:** Not suitable for children under 5 years. If symptoms persist or new symptoms arise (dizziness, tiredness, headache, gastric upset, muscular difficulty) talk to your pharmacist or doctor before taking Avomine tablets. Do not use Avomine in pregnancy unless indicated by your doctor. **Product Licence Number:** PL/15833/0003. **Legal Category:** P. **Licence Holder:** Manx Pharma Ltd, Parkwood, Maidstone, ME15 9YP. **Price:** RSP (incl VAT) £1.87 for 10; £5.38 for 28. **Date of Preparation:** April '98

Canesten dominating and growing the OTC thrush market

A high level of support, investment and innovation means the thrush market is still one of the fastest growing OTC sectors, creating significant opportunities for pharmacists. Canesten, with Canesten Combi as the leading treatment for thrush, dominates the market with a massive 88.8 per cent¹ volume share. Canesten Combi alone is worth £3.3m which means it's worth more to pharmacists than 18 entire product categories including baby skin care and slimming aids. With thrush remedies worth £17.7m, the scale of the opportunity is clear.

Canesten has stimulated the market in two ways: through educating consumers and supporting pharmacists.

Educating Consumers

Bayer has firmly stamped its authority in terms of education this year with the successful 'Vicar' television advertising campaign and two brand new consumer initiatives. The popular 'Vicar' campaign helped the OTC thrush market grow by 7 per cent¹ with Canesten Combi achieving a massive 40% increase in sales.

The 'Vicar' advertising will continue to build on past success with a further burst this summer, as part of Bayer's £5m support campaign for the brand.

The Personal Touch

Bayer is first with two unique initiatives: the Canesten Thrush Advice Line and the Canesten Website². Both offer consumers instant personalised access to expert advice from health care professionals on the condition and treatment of thrush.



Jenny Ryder, senior product manager for Canesten, comments: "In setting up the Canesten Thrush Advice Line, we thought it imperative that callers should be able to talk confidentially to an expert one-to-one."

"The Canesten Website has enabled us to take an empathetic, interesting and yet fun and

interactive approach to thrush, so that we can dispel the myths and taboos for young women."

Supporting Pharmacists

With consumers becoming more aware of the treatments available, there is greater responsibility on pharmacists to ensure treatment protocols are followed. All women of child

bearing age should be asked if they might be pregnant or on any medication to prevent them unknowingly being sold a contraindicated treatment.

One in five women suffer from thrush for the first time in pregnancy and may not even yet know that they are pregnant.

Canesten has no known contraindications and is safe for the treatment of thrush during

pregnancy under the guidance of their GP.

BEST – the Bayer Educational & Support Training package has been developed by Bayer Consumer Care to help health care professionals deliver even higher levels of customer care. The

initiative, developed initially for pharmacy assistants, is welcomed by the National Pharmaceutical Association.

Each module features sections on training objectives; conditions and symptoms; identifying the most appropriate treatment; giving the right message to the customer; the role of the health care team in providing a 'total care cycle' for patients; and personal profiles of sufferers.

With further developments in the pipeline, Bayer predicts the OTC thrush market will continue to offer huge potential to pharmacists stocking the leading treatment, Canesten.

1. Neilsen March/April 1998
2. Call the Canesten Thrush Advice Line on 0845 7585030 – the line is open from 7.30am – 11.00pm, seven days a week and all calls are charged at a local rate. Visit the Canesten Website at www.canesten.co.uk

Abridged product information for Canesten Combi. Presentation: A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten cream (containing 1% Clotrimazole BP). **Indication and Dosage:** Pessary for candidal vaginitis; cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under the supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P. **Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included, £4.25 (PL 0010/0016R (cream) (PL 0010/0083 (pessary)). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire RG14 4JA. **Date of preparation:** March 1998.

David Reissner, a partner at solicitors Charles Russell, looks at the latest legal definitions of these contract catchwords

For the first time in the 11 years since control of entry to pharmacy contract was introduced by Parliament, the High Court has come to grips with the 'necessary or desirable' test after hearing representations on behalf of both a multiple and independent contractors. The case (*Chemist & Druggist*, April 4) seems likely to have a major impact on applications for NHS pharmacy contracts for superstores and retail parks.

Since the pre-1987 free-for-all was abandoned, granting new NHS pharmacy contracts has been limited to those who could prove that an additional pharmacy was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood.

Other contractors have a right to make representations, and health authorities must be aware of whether any of the proposed pharmaceutical services are already provided in the neighbourhood.

Adequate provision...

Until 1995, the focus of most cases tended to be on the question of adequacy in combination with the 'necessary or desirable' test. If the provision of pharmaceutical services in a neighbourhood was already adequate, how could it be either necessary or desirable to grant an application to secure what already existed?

This conundrum was resolved by Sir Louis Blom-Cooper QC (sitting as a judge of the High Court) in dealing with an application for an appliance contract in Cornwall. He said:

- assessing adequacy involves a value judgment
- adequacy is not an absolute concept – there are degrees of adequacy
- the decision maker asks whether or not there is adequate provision in the neighbourhood
- if the provision in the neighbourhood is wholly inadequate, it will be necessary to grant an application to secure adequate provision
- if the existing provision is adequate, but only just, it may be desirable to grant an application to secure adequate provision.

The Regulations had worked until two High Court cases, brought by Boots and Tesco respectively, opened the door to a flood of applications.

The first case involved an

Double-edged sword of the need in the neighbourhood



application for an NHS contract at a Boots store in the vast Cribbs Causeway retail park outside Bristol. The FHIS Appeal Authority refused the application and Boots applied for judicial review.

Mr Justice Tucker said that if thousands of people went to shop at a store, they could not be in two places at once and needed services where they happened to be at the time.

He added that, when considering adequacy, health authorities and the Appeal Authority should have regard "to the needs of all those who may be expected to be in (not necessarily resident in) the neighbourhood at any time, and for whatever purpose".

... or inconvenient?

In the Tesco case, Mr Justice Collins went further still, saying that if people who had travelled from outside the neighbourhood did not know of the location of other pharmacies in and around the Tesco store, the services provided by those other pharmacies could not be adequate for them.

None of the owners of the independent pharmacies affected by these two judgments were in Court to put their own case.

Many IIAs have misunderstood the effect of what the Courts said, so the judgment in the recent Gemini Park case provides a welcome re-statement of the principles to be applied.

Boots had applied for an NHS contract for its store at Gemini Park Retail Park near Warrington, Cheshire. The FHIS Appeal Authority granted the application, relying heavily on the Cribbs Causeway decision, saying that shoppers coming to the retail park from miles around would expect to have a prescription dispensing service at a Boots store.

There is, however, a branch of Moss Chemists only a few minutes away in a shopping centre, and there was no evidence that the pharmaceutical services were inadequate. Moss Chemists applied for judicial review of the Appeal authority decision.

The case came before Mr Justice Turner, who gave his judgment on March 26. The judge did not have to decide whether the neighbourhood had been properly defined, because even if there is no pharmacy in a neighbourhood, health authorities and the Appeal Authority have to take into account the services provided by pharmacies outside the neighbourhood for people in it, such as visiting shoppers.

Thus, even if a store or retail park was a neighbourhood, the fact that there was no existing pharmacy there did not automatically mean it was necessary or desirable to grant an application.

Mr Justice Turner said that opening a pharmacy at a particular location could not create a

need for pharmaceutical services. The need had to exist first.

It was not enough to say that because a large number of people visited a particular location, those people needed pharmaceutical services; after all, they may have the choice of other pharmacies close to where they live.

Mr Justice Turner emphasised, as Mr Justice Collins had done before him in the Brent Cross case, that a distinction had to be drawn between what was convenient for shoppers and what they actually needed. Boots had failed to provide evidence of:

- the numbers of visitors
- the purposes for which they visited – whether just to shop or because they needed pharmaceutical services
- any inadequacy in existing pharmaceutical services within Gemini Park and outside it.

Mr Justice Turner rejected the argument that a contract should be granted as people who went shopping at Gemini Park would expect to have prescriptions dispensed there, or because pharmacies were a regular feature of shopping centres, high streets and even large supermarkets.

The judge said that if this were a valid consideration, it would rob the regulations of their meaning and enable health authorities to grant applications on the basis that doing so would be convenient for shoppers – and convenience cannot be the same as desirability.

Key questions

Necessity or desirability depended on the level of adequacy in the neighbourhood. The fact that visitors to Gemini Park might not know of the existence of other pharmacies nearby was neither here nor there.

Following the Cribbs Causeway and Brent Cross cases, attention had been diverted towards the question of neighbourhood. The judgment of Mr Justice Turner has brought back into focus the key questions of adequacy, necessity and desirability.

The heavenly twins who gave their name to Gemini Park may now be smiling on independent pharmacy contractors but, with a possible appeal and other Tesco judicial reviews in the offing, the stars foretell continuing sibling rivalry between professional brethren in pharmacy for some time to come.

Society presses for pharmacists on PCGs

The Royal Pharmaceutical Society is to write to the health minister, Alan Milburn, urging that pharmacists should be included on primary care group boards, either by right or through co-option.

The letter will say that it was essential to ensure that all health and social care professionals could contribute to the strategic planning and delivery of the service.

Through their knowledge of the local population and public health issues, pharmacists could make a valuable contribution to assessing local needs and priorities.

The Society will refer to the position in Wales, where pharmacists have a place as of right on each local health group. The letter will also draw attention to the proposed government strategy for pharmacy, to be published this autumn. It would be wise to ensure that the framework for team-working was in place locally beforehand, as changes at a later stage would be more difficult.

The matter was discussed last week at a meeting of Council's Practice Committee. The Education and Science Committees also met. A full meeting of Council

will be held next month.

Other decisions included:
POM Order changes The Society will object to the Medicines Control Agency's proposal to bring aloxiprin in line with aspirin in forthcoming legal changes, as there appears to be no evidence for concern about the risks of accidental poisoning.

On the proposal to reclassify liquid-filled soft gel capsules of diphenhydramine as POM, the Society will point out that many substances available in pharmacies could be used inappropriately, but were adequately controlled by pharmacists. If all such

products were reclassified, the burden on doctors would be huge.

The Society will object to homeopathic preparations containing strychnine nitrate and hydrocyanic acid being classed as POM, as the constituents would be too highly diluted to be dangerous. The letter would also oppose POM classification of a vitamin K formulation suitable for oral or parenteral use.

The Society will repeat its request for fexofenadine, the active metabolite of terfenadine, to be made available in pharmacies without prescription by early 1999.

RPSGB committee structures for 1998-99

The Royal Pharmaceutical Society's Council has appointed its committees for the year to July 1999.

- On the Practice Committee, chaired by Peter Curphey, are H Argomandkhan, A Burr, M Davies, M Koziol, C Mackie and H Remington, together with chairmen of the Agricultural and Veterinary, Community, Hospital and Industrial Pharmacists' Group Committees.
- The Community Pharmacy Group Committee comprises A Burr and J West, together with co-opted observers M Colling (Co-operative Technical Pharmacy Panel), R Darracott (Company Chemists' Association), M King (PSNC), M Styles (NPA) and G Romanes (SPGC).
- Chairmen of other committees are: Education – Linda Stone; Law & Ethics – Alan Nathan; Science – Gordon Appelbe; Infringements – Ian Caldwell; Animal medicines – Dr NJB Evans; Conference – Bill Darling; Resource Management – Professor Geoff Booth.

Forum looks at new technologies

The impact of new technologies on the pharmaceutical industry and drug regulation is to be considered by an independent forum set up by the Royal Pharmaceutical Society. It is being run by the Medicines Control Agency and the industry.

The aim is to ensure that regulators have the knowledge to deal with technologies in marketing authorisations or inspection of facilities, so there is no delay.

Process management, automation and statistics have been selected as priorities. Professor Tony Moffat, the Society's director of pharmaceutical sciences, is seeking views for the forum.

Medicine directions aided by pictograms

Pictogram medicine labels for patients who have difficulty with written English have been shown to be effective in supplementing medicine instructions. A feasibility study has been conducted in community pharmacies in the Suffolk Health Authority area showing that comprehension of the meaning of the pictograms was high among patients and carers.

A report of the study is with the health authority's board.

PAIN RELIEF

PARACETAMOL  DIHYDROCODEINE TABLETS

PARAMOL®

POWERFUL PAIN RELIEF YOU CAN CONFIDENTLY
RECOMMEND FOR MIGRAINE, BACK PAIN, PERIOD PAIN,
DENTAL PAIN, HEADACHE AND FEVER.

Abbreviated Product Information. Presentation: White tablet engraved PARAMOL containing 500mg Paracetamol BP and 746mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, feverish conditions, period pains, toothache and other dental pain, backache and other muscular pain and also as an anti-pyretic. **Legal Category:** P. **Product Licence Holder:** Seton Products Ltd, Oldham. PARAMOL is a Registered Trade Mark. Further information is available on request from the Licence Holder.

 Seton
Healthcare Group plc

ABPI and Government begin PPRS talks

The Association of the British Pharmaceutical Industry has begun talks with the Department of Health to renegotiate the Pharmaceutical Price Regulation Scheme.

The PPRS, which regulates the profits drug companies make on branded medicines supplied to the NHS, was last negotiated in 1993 and is due for renewal in October.

The ABPI said it did not have to reach an agreement by October. "The current agreement will run until it has been replaced," it said. That is not the Government's view. Health Secretary Frank Dobson has said he wants the revised scheme to be running by October.

Both parties agreed the talks will be tough.

The ABPI's negotiating team of six, led by its president Michael Bailey, has done its homework. Last year it conducted a thorough survey of its members to find out what they considered were the PPRS's good and bad points. It said the results revealed some "very strong" views.

"As a result, we are able to go into these talks with the full backing of the industry and to speak on its behalf with a single voice," said Mr Bailey.

While the ABPI did not want to reveal details of its negotiations, it is highly likely to discuss two particular areas: PPRS profits ratio and 'export disincentives'.

In the past, the ABPI has argued that the ratio used by the Government to calculate

drug companies' margins is unfair. It claims the Government bases the ratio on profits from radically different industrial sectors in the FTSE 500 index.

Under PPRS, pharmaceutical

firms' return on capital is restricted to 17-21 per cent.

Export disincentives occur when a company increases its exports and, as a result, finds that its allocation of fixed costs have been cut. As this could artificially inflate the company's apparent UK profitability, it could theoretically be asked to pay back some of its profits to the DoH because it exceeded the profit target.

UK pharmaceutical companies are particularly vulnerable since they export more than half of their output. But the DoH appreciates their problem – last year both parties agreed to increase the allocation of fixed costs until the end of 1998. Both parties are likely to discuss how to eliminate this drawback.



Michael Bailey, ABPI's president, heads its PPRS negotiating team

Murrays/Moss to swap ideas

Duncan Murray, Murray Chemist's managing director, and Paul Knight, its operations director, are due to meet Barry Andrews, md of Moss Chemists, to exchange ideas about how they run their pharmacies. Murray Chemists has overhauled the way it works and has earned the Investors In People award.

Nelsons challenges ruling

Complementary remedies manufacturer Nelsons is to appeal against a High Court ruling removing the trademark status of Bach Flower remedies. Earlier this month a ruling in favour of manufacturer, Healing Herbs, found that certain registrations for Bach remedies had been made incorrectly.

Norton in award shortlist

Norton Healthcare's Easi-Breathe inhaler has been shortlisted for this year's Royal Academy of Engineering MacRobert Award. The award winner will be announced in December.

UK aerosol record

UK aerosol production rose 5.5 per cent to a record 1,521 units last year, according to the British Aerosol Manufacturers' Association. The UK is Europe's biggest aerosol producer.

New address

Manx Pharma and Stevenden Generics have moved to: Manx House, Unit 2, Spectrum Business Estate, Bircholt Road, Parkwood, Maidstone, Kent ME15 9YP.

RPR loses High Court battle over Zimovane

Rhône-Poulenc Rorer last week failed in a High Court bid to prevent Trinity Pharmaceuticals and Norton Healthcare from marketing generic versions of Zimovane, its anti-insomnia drug.

RPR had sought to extend Zimovane's patent by ten years because, it argued, improvements to the brand meant it was now different to the old version.

Zimovane has been sold throughout the European Union for more than a decade. Its UK sales are worth about \$12 million.

In 1993 RPR began research on improving the product and, three years later, the Medicines Control Agency revoked licences for 'old Zimovane', granting licences for the improved version.

The court heard the drug's active ingredients had not been affected by the improvement, although the changes had cost RPR \$1.5m in R&D.

Since 1996, Zimovane's former version has not had authorisation to be used in the UK,

although it is allowed to be sold in other EU member states.

Trinity launched its generic version in February, and Norton launched its in April. Both products were replicas of 'old Zimovane' and their prices undercut RPR's brand by a fair margin. Norton's 3.75mg version, for example, sold at £2.70 for 28, compared with RPR's £3.08.

RPR tried to persuade UK authorities that new Zimovane should be preferred to the old in the UK, and that sales of old Zimovane should be prohibited.

The MCA, however, believed both RPR versions were, in effect, "the same product". Mr Justice Collins ruled that, as long as the drug's therapeutic value remained unchanged, new and old Zimovane were the same.

"If they [RPR] succeeded, they would have a virtual monopoly in the UK for as long as the patent for the new excipient gave them protection," said Justice Collins. "Accordingly, I am unimpressed

by arguments directed to the disasters which will befall if the application is refused and Trinity and others can market old Zimovane."

He also turned down RPR's request for a judicial review of the MCA's decisions, and refused the company leave to appeal against his ruling.

RPR said it was disappointed by the ruling, but stressed the matter was not over yet. While the judge has refused leave to appeal, RPR can still seek one by approaching the Court of Appeal. It has 28 days to decide.

Steve Stocks, Trinity's managing director, said he was delighted with the result. "RPR could lose half of their [Zimovane's] sales through generic competitors," he said.

Nigel Fox, Norton's head of communication, said the case would have had far reaching implications if RPR had won.

RPR was unavailable for comment as C&D went to press.

Code of Practice on health claims on foods nears completion

A new Code of Practice on health claims on foods is nearing completion. It aims to prevent misleading, unsubstantiated or false health claims.

A draft code was to be debated by consumers, food manufacturers and law enforcement officers on Friday, after C&D went to press. The draft code:

- defines a health claim
- sets out nutritional principles that food companies must follow
- summarises the legal framework in which a claim can be made

- explains the scientific evidence required to make a claim
- sets out labelling requirements.

The code was written by the Joint Health Claims Initiative, an alliance of the Proprietary Association of Great Britain, the National Food Alliance, the Local Authorities Co-ordinating Body on Food and Trading Standards, and the Food and Drink Federation. Set up in June 1997, the initiative is based on proposals from the Food Advisory Committee and schemes already in place in

the health foods and supplements sector. Last Friday's conference widened the consultation process to other interested parties.

Michael Baker, PAGB's legal and regulatory affairs director and JHICI chairman, told C&D the JHICI hoped to introduce the new code next year. It was designed as a resource to support existing codes rather than compete with them. Companies who wanted to make claims for new products would be able to consult the expert group for advice.

APPOINTMENTS

Sundries supplier Paul Murray has made five new appointments to its management team. **David Britton** takes on the role of national accounts manager. **Chris Nolan** and **Hugh Newport** have been promoted to northern and southern regional sales managers respectively. **Nick Hayton** has been promoted to marketing manager while **Andrew Sault** joins as product manager. **Nick Wall**, who has been responsible for marketing Alka-Seltzer for the past three years, has been promoted to European brand manager at Bayer Consumer Care. Unichem has appointed **Chris Jubb** in the newly-created role of marketing data manager. **Peter Strom** has been appointed country manager UK & Ireland for IMS Health. He joins from Pharmacia where he had been responsible for 'established markets' in Western Europe for the past two years. Wholesaler Mawdsley-Brooks has appointed **Julia Holt** as merchandising executive to help establish best merchandising practice for the 25 pharmacies involved in the company's retail development project.

Duracell business transfer

Duracell Batteries' business, including its assets and liabilities, is being transferred to its parent, Gillette UK, from July 26. Duracell says the move is part of a rationalisation and integration programme. It said that only a couple of workers would be made redundant.

\$10m ad campaign on '2000 bug'

Action 2000, which advises businesses on the 'millennium bug', has launched a \$10 million adver-



Gwynneth Flower, Action 2000's managing director

Superdrug in civil recovery pilot

Superdrug has linked up with major retailers in a new anti-theft pilot scheme, called civil recovery, where thieves are made to pay for the costs and damages of their actions.

The scheme, said to be the first of its type in the UK, will start in October and run for six months in Wolverhampton, Dudley and Brierley Hill.

Civil recovery is already established in the US and Canada, where independent pharmacies are involved.

The British Retail Consortium has been working closely with Professor Joshua Bamfield, an expert on civil recovery and director of the Centre for Retail Research, to set up the pilot.

Three Superdrug stores will take part – other retailers involved include Sainsbury, Safeway, BHS and HMV. Prof Bamfield said he also expected independent pharmacies in the regions to come on board.

Boots the Chemists' security experts have given the pilot's organisers advice. The company has not ruled out joining the scheme in October, providing it is satisfied it meets its needs.

BRC figures suggest 1.22 million shop thieves were caught last year, but many of these were not penalised. Annual crime costs for all retailers exceed \$1.42 billion.

Adrian Collins, Superdrug's security controller, said the scheme was a good deterrent against shoplifting and it made financial sense. "We want to pass on some of the costs of protecting our stock to those who steal from us," he said.

Superdrug is prepared to take part in a nationwide civil recovery scheme if the pilot succeeds.

C&D understands that every retailer in the pilot will pay about \$4,000 to help fund it. They have been working on the scheme's details since last October and

have discussed the format with the local police and courts.

Every thief a store catches will be reported to the police, then given a notice of intended civil legal action. The civil recovery unit will ask the thief, two or three days later, to pay the store's costs and damages, or face civil proceedings. The amount recovered is expected to be \$60-150 per case and Prof Bamfield said safeguards would ensure no-one was accused wrongly.

He stressed the scheme was designed to curb crime, rather than to create extra funds for retailers.

Money recovered during the pilot will be used for crime prevention measures in Wolverhampton and Dudley, and to help develop schemes nationwide.

Prof Bamfield said the pilot would help retailers understand how they can use civil recovery as part of their crime prevention strategies.

Colourcare to launch Internet photo service

Colourcare will give consumers the option to store their photos on the Internet from August.

It said the new service was an extension of its digital photo services, where photo processors can store films on CDs and discs.

Customers will be able to order the Internet option when they leave their films at Colourcare's dealers. Confidential passwords supplied with their prints will allow the customers to access the relevant Internet files,

highlight the images and download them onto their PCs, where they can be viewed, stored, enhanced and manipulated by using specialist software.

The facility will also enable customers to e-mail their photo images to friends and family without downloading the files onto their PCs.

Customers' photo files will initially remain on-line for one month – they can pay extra to extend the storage.

Alan Vincent, Colourcare's IT

manager, denies the service will reduce traditional orders for reprints. The images' resolution on computers, he said, was not high enough to reproduce a quality photo. "We expect the service to increase reprints because people will want to place extra orders after seeing the images," he said.

All Colourcare dealers, including independent pharmacies, will be able to offer the service – prices will be revealed by late July.

Van delivery crackdown is speculation

The Government has played-down reports that it is about to curb daytime van and truck deliveries in city areas.

Details of the curbs are said to be in the Government's White Paper on transport, due to be published after this week.

Press speculation suggests John Prescott, the Deputy Prime Minister, also responsible for transport, could ban delivery vehicles from entering city centres during the day. Offenders would face heavy fines.

The British Association of Pharmaceutical Wholesalers has asked its members to lobby MPs. Michael Watts, a director of the BAPW, said the curbs would have serious implications for wholesalers and patients. "It's impractical. Our members' costs would soar because they would have to send staff to deliver out of nor-

mal working hours," he said.

David Begg – an adviser on the White Paper – and professor of transport at Aberdeen's Robert Gordon University, has been quoted as saying illegally parked vans and lorries cause mayhem.

However, a source close to Professor Begg told C&D that he had not called for a daytime ban on deliveries. It said, the professor "would choose a common sense solution that would allow deliveries to be made quickly during the day, without causing obstruction to other vehicles and customers".

The Department of Transport said no-one could say what the White Paper was proposing because it had not yet been published. So-called curbs, said the spokesman, were just speculation, although he fell short of denying the curbs did exist.

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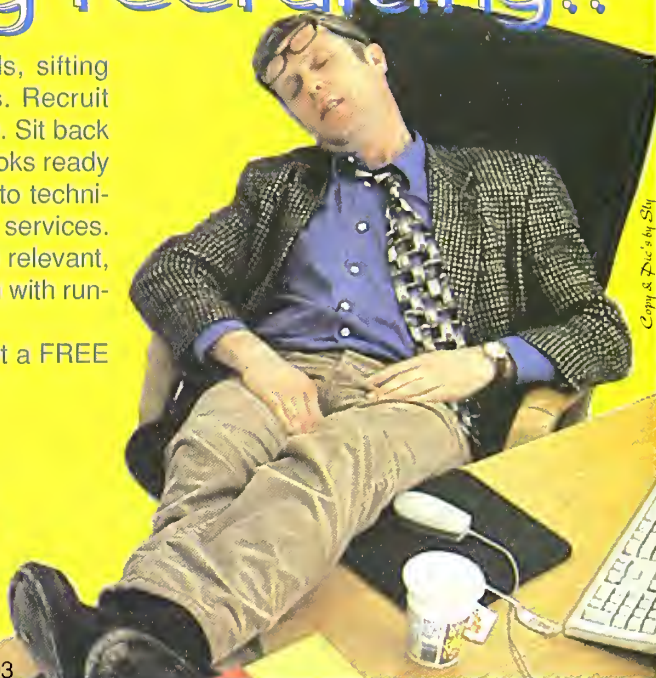


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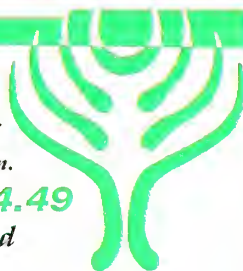
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A switch in vocation to education

Michael Cullen, a hospital pharmacist turned educationalist, believes computer aided learning will provide more effective teaching than many lecturers

Michael Cullen, an honorary professor of Health and Community Studies at the University of Derby, has become an expert in technology-based learning, after reaching the top of the tree in hospital pharmacy.

He will be a familiar face to many pharmacists. He has been president of the Guild of Hospital Pharmacists (1984-85); a secretary of the United Kingdom Clinical Pharmacy Association (1984-88); and a vice-president of the European Association of Hospital Pharmacists (1984-88).

His switch from pharmacist to educationalist was evolutionary rather than revolutionary. "Although I feel a loyalty to pharmacy, I see myself primarily as a health practitioner who is trying to establish education in practice," he says.

In the late 1980s, while he was pharmaceutical officer for Southern Derbyshire Health Authority, he headed the Pharmacy Practice Unit at the Derbyshire Royal Infirmary. It specialised in practice-based pharmacy research and education.

Educational interests

This interest in things educational led to his appointment as dean of Derbyshire Institute of Health and Community Studies in 1990. In 1993 he was made the University of Derby's director of Learning Systems Development and from 1995-97 he was dean of the University's department of Flexible and Distance Learning Developments.

He believes the advent of computerised education resources, together with the fact that fewer employers are willing to give employees time off work, will change the traditional undergraduate programme.

"Why take people to the classroom when you can take the classroom to the home? Today's technology can be totally interactive and can be as good as many lecturers," he argues.



Educationalist Mike Cullen, a former president of the Guild of Hospital Pharmacists, says his switch to education was evolutionary

His work in education is international. Projects include developing Internet-delivered education programmes in the Far East, and discussing the use of CD-ROMs in the delivery of 'master classes' in courses at the Foshan University in China and the Kibi University in Japan.

In Russia he collaborated with the Moscow Modern University for Humanities to introduce the University of Derby's video self-editing system for open learning; while, in India, he examined the viability of establishing a new university in Trivandrum with business men in Kerala.

In the UK, he helped develop a distance learning element for a programme to convert enrolled nurses to registered nurses, and he has worked with Holborn College on business studies distance learning programmes ranging from HND to MBA levels.

More recently, Mr Cullen has been working as a consultant on several electronic education projects, including one on CD authoring for the Cyberskills Association, which he has helped to obtain further education accreditation.

In another, with the Institute of Health & Care Development, he is converting the Institute's Health Pick-up modules into an electronic format for distance learning of degree and masters programmes.

Relevant to real life

As a designer of courses, he is keen on making education as relevant to real life as possible. To this end, he believes practitioners' experience in helping design interactive teaching programmes helps add 'realism' to simulations.

He is concerned that universities are not adapting to changes in education quickly enough and are in danger of being outpaced by technology. He foresees them losing their place as the primary providers of further education services if they fail to take action now.

Modern developments are sensible, he says. "If one page of a book goes out of date, the whole thing must be reprinted, which is not the case with electronic information. The electronic medium is not constrained by space or time."

He also believes that electronic courses can save time and resources. For example, he points out the largely similar training undergraduate health professionals undergo in their first few years at university could be supplied more simply electronically by a course consisting of 80 per cent generic material and 20 per cent profession-specific material.

Academic excellence

While calling himself an educationalist, Mr Cullen has also been fortunate to attract student numbers. As head of the school of health and community studies at Derby, he built up the school into the University's highest earning department.

When he joined as dean in 1990, the school had 310 full-time and 98 part-time students in five undergraduate courses. Five years later, there were 1,064 full-time equivalents on 20 undergraduate and five postgraduate courses.

Among the postgraduate courses offered are a part-time MSc in clinical pharmacy and a part-time degree in social and administrative pharmacy. A pharmacy doctorate [PharmD], based on a pharmacy practice model developed at the University of Illinois, was introduced in 1990.

Mr Cullen envisages pharmacists of the future choosing between a variety of postgraduate courses – clinical [PharmD], research [PhD], or management [MBA] – to further their careers after their degree.

"To hold any position of responsibility in the future, pharmacists will have to go through some kind of postgraduate education," he says.

"Pharmacy practice should be going forward in parallel with pharmacy management and research. Social sciences should also form part of pharmacists' postgraduate education if pharmacy is to offer a comprehensive service."

He thinks a pharmacy degree "will open any door" but the lack of skills with which to apply its knowledge is hindering the profession, he believes.

"Pharmacists have a lot of knowledge, but don't know what to do with it, while doctors, who know what to do with it, sometimes lack knowledge," he comments.



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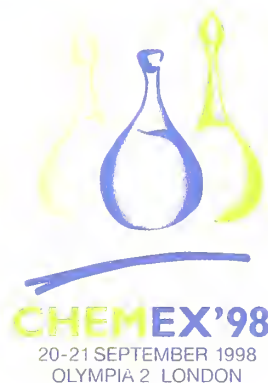
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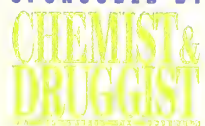
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